MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) director. Page e. COUNTY e. STATE b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained Hosp State E. Isabella YES NO X 3. NAME OF First Middle DATE Yeer DECEASED and 3 to the OF the (Type or print) ANDERSON SR. BENJAMIN FRANKLIN DEATH ould be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to 11 Office along with form PM3. Page 5 may be rburial-transit permit. File pages 1 and 2 with the noval, and In any event within 72 hours after 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS. lest birthdey) Months House Male WIDOWED X DIVORCED 2,1895 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Waterman_&_Farmer Bivalve, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ohn H. Anderson Ella Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordelesafservice) Mrs. Raymond Grimes (Daughter) 705 YES W.W 18. CAUSE OF DEATH [Enter only one cause per ling for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, ease execute the certificate, writing the word "pending" in pushould be forwarded to the Chief Medical Examiner's Office. FUNERAL DIRECTOR: Page 3 should be seen as 18 decimals. Conditions, if any, which (61) geve rise to immediate cause DUE TO (e), stetling the underlying Ь cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item IB.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH, 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 0 Hour e.m. While Not While et work et work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Suicide [Homicide Matural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Sept 16 DEPUTY MEDICAL EXAMINER NAME (Type) Dr. Earl L. Rover 407 Camdender Amos, cinSal isbury, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL [Specify] 6 0 4 D Burial Meth. Church Bivalve Cem. Bivalve Maryland 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME SEP 1 9 '60 arthur S. Krouer HOLLOWAY & COMPANY SALISBURY MARYLAND 5M 7/59

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CERTIFICATE OF DEATH

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a. COUNTY Wi comi.co	MARYLAND	2. USUAL RESIDENCE (W a. STATE Maryl	b.	COUNTY	ence befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate lim		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Deer's Head State Hos		Salisbur Street ADDRESS 516 Boot		7	6. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF First DECKASED	Middle	Last	4. DATE OF DEATH	Month	Day Year
5. SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	birthday) Months	25 19 60 ER I YEAR IF UNDER 24 HRS Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking Use with if retired)		STRY 11/BIRTHPLACE (State		yrs. 12.C	ITIZEN OF WHAT COUNTRY?
IS. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service)	SOCIAD SECURITY NO.	NEORMANT S	Joes	Address	
225	current cerebr	al thrombosis	5		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the under-	teriosclerosis	, general.			?
lying cause last. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	DITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of it	em 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m., p. m. 19 While at wark	Nat while fac	ACE OF INJURY (Home, farn tary, street, affice bldg., etc		n)	(Caunty) (State)
) f	60 , and that death	occurred at 1:50		ouses and on t y ar tawn, state)	
PHYSICIAN'S NAME (Type) V. Juerman, M	D.		oury, Mary		77-207-30
22a BORIAL, CREMATION, 22b BATE THEREOF	22c. NAME OF CEMETERY O	RELUS	22d. LOJATION IC	ity, town; ar county	nell
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES	1	'D'BY REGISTRAR	24b. REGIST AR'S	SIGNATURE /

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er death. Page 4 may be remained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this merificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
WICE my 10 d	maryhand b. county Worce state
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	
RURAL and give nearest town)	facomoke
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
por institution	Route 7- 23 YES NO
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NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) L/e y C	TING Damk DEATH LEDT ember 14 196
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 In years In year I ye
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On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNT
LABOYEY RAITORD	MARVIANC USA:
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TERRE BUH TOLDE	West off Patricen
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no. or unknown) (If yes, give war or dates of service)	POLONIA Para Nos
No 7/6-03-1484	2 Note Helphi - 1 accompany
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: PULMON ARY	INFARETIEN INSTANT
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Conditions, if any, which) IN PULMON WIRE	4 EMBOLUS. INSTANT
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, (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CON	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (5 foctory, street, office bldg., etc.)
Hour a.m. P. m. 19 al work of work	octory, street, office blug., etc.)
	/ 10 / 10 /
21. I certify that (1) (this haspital) attended the deceased from	. 3
	death accurred at AM, from the causes and an the date stated abo
220. SIGNATURE	ATTENDING MED STAFF (SIG
J. Stay Keers in	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Mille cal Cluber, Stot is being, 1
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown, or county) (Stote)
BEMOVAL (Specify) A 10 10 C+	ies Pocomoke md.
H. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS	, 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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director,	M	1. [COUNTY W	icomices sourv.	Hill Sana	torium MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)	and	l. If institution b. COUNTY	Worces	efore admiss	ion)
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NK	090	S	or institution pring Hi	AL (If not in hospital, giv. 11 Sanato:	e street address) rium		d. STREET ADDRESS		53	X-5	ONA	FARM?
D -	d p		NAME OF DECEASED Type or print)	Marie	Etch		Carey	4. DATE OF DEATH	-	em ber	20	Year 1960
mpletely pers. Pog	after death.	_	female	1	WIDOWED A DI	VORCED 🗆 6	/1/1867	9'3	t birthday) yrs.	Months Days	s Haurs	Min,
ind compi	haurs		during mast of wark	N (Give kind of work do ing life, even if retired) VVI FE	Ow H	HOME	Frederic	k Count		U.S.A		OUNTRY?
physicion a	within 72			er Etchis		7	Anna Co					ė.
0	Kent	15. (Yes	No No	IN U.S. ARMED FORCE	rice)	Mr	s. W. Roya	1, Ocea	n Cit	y, Md.		
y the offending Then please n				TH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	mul	tiple m				01	NTERVAL BE NSET AND MON	DEATH
sit permit.	or remaval		Canditians, if ar gave rise to in cause (a), stating I lying cause last.	nmediate (Corona	ry arte	ry heart d	1sease				
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fificate the bu	joj Ser		(IF EITHER, NOTIFY	MEDICAL EXAMINER)			(Enter nature of injury in					
this cer	r to bur	MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Manth, Day, Year	20d, INJURY OCCUR! While Nat while at wark at wark	fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc) 20f. (City ar to		(Cauwi		(State)
CTOR: After detached fo	f Health prio		21. I certify that saw the deceas 22a. SIGNATURE	t (I) (this haspital) ed alive an	attended the dece	and that de	ath accurred at 1		causes and), 1960, I an the da 9/21/6	te stated	we) last l abave. b.DATE SIGNED
RAL DIREC	e Board of		22c. PHYSICIAN'S NAME (Type) DA	VID J. GII	LMORE, M.J		22d. ADDRESS	Center,	Sali	shury,		
TO FUNEI	the State		BURIAL, CREMATIO REMOVAL (Specify) SURIA -	9/22/60			hurchyard	23d. LOCATION BER D BY REGISTRAR	LIN	r caunly)		(l D,
A15 (4)	01		Anna	A. Buch	one Be	rlin	mal. DATE SI	EP 2 6 '60		hun & the		

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau, er death. Page 4

VR A15 (4) 15M 9/59

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er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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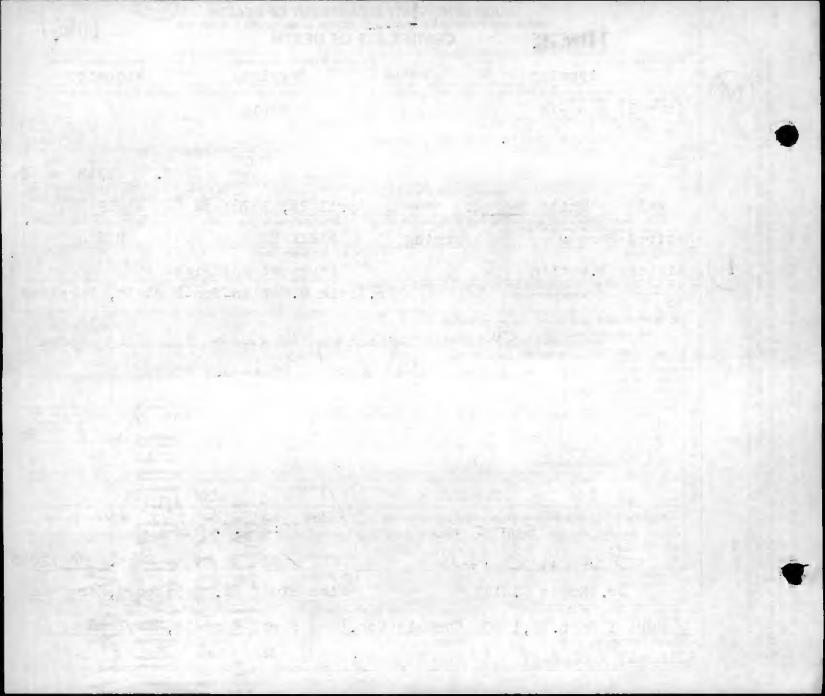
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1. PLACE OF DEATH d. COUNTY Wicomico MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland. b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Hural) Mardela	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mardela
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Maple Shade Nursing Ho	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle OCEASED (Type or print) GLEN	CATLIN 4. DATE Month Day Year OF DEATH SEPT. 17th 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED M DIVORCED	A A A A A A A A A A A A A A A A A A A
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Farming	INDUSTRY 11. BIRTHPLACE (Stole or foreign country) MARYLAND USA
13. FATHER'S NAME William A. Catlin	Margaret Phillips
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	Mr. Irvin G. Catlin-Son-Mardela, Maryland
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	froctory Onemia ONSET AND DEATH vrow Jeilere
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCION OF CONTRIBUTING 1 CAUSE OF DEATH IN THE CONTRIBUTING 1 CAUSE OF DEATH IN THE CONTRIBUTING 1 CAUSE OF DEATH IN THE CONTRIBUTING 1 CONTRIBUTING 1 CONTRIBUTING 1 CONTRIBUTING 1 CONTRIBUTION 1 CONTRIBUT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X CURRED. (Enter Indure of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED White Not white of work of work	De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
220. SIGNATURED C. ILIU	am. October 1959, to Sept 17, 1960 that (I) (we) last that death accurred at 6. M. from the causes and an the date stated above. ATTENDING MED. STAFF PHYS. Sept. 19 1190
NAME (Type) Thomas C. Hill 236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETE	Pine Bluff Rd. Salisbury, Maryland
Burial Sept.20,1960 Mardela	Cem. (New Part) Mardela, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY	MARYLAND DATE SEP 2 0 '60 256. REGISTRAR'S SIGNATURE

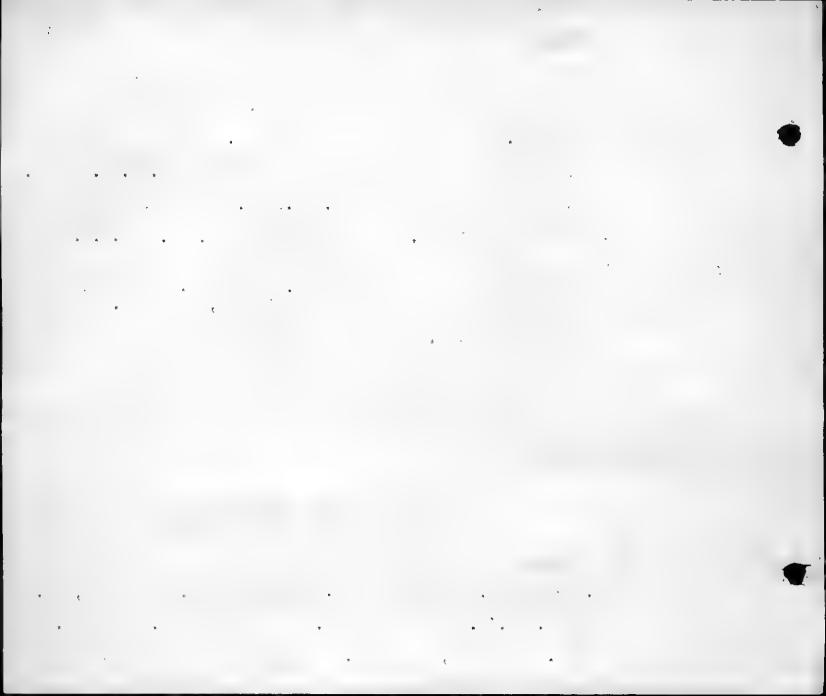
may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL VR A15 (4) 15M 9/59



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O HC	may.	2	page	the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or death. Page 4	The may be retained by the Imspiral or attending physician.	2	ಿತಿ page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	
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	PLACE OF DEATH	Wicomico	•	MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wiconico						
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	d. NAME OF HOSPI OR INSTITUTION	Route #	live street o	address)		d. STREET A		# 1.			ON A	SIDENCE A FARM2 NO E
	3. NAME OF DECEASED (Type or print)	Henry Fir	st	Edwa r d		Colons		4. DATE OF DEATH		. 9.th		Yeor 1960 e
	s. sex Male	6. COLOR OR RACE	7 MARR		_	Feb.			9. AGE (In years lost bythday) 00 yrs	Menths Goys		ER 24 HRS Min.
	Retired	ON (Give kind of work in thing life, even if retired Carpenter	done 10b	kind of ausiness. Builder.		Wo	orces	ster	unity) Co. Md.	U.S		COUNTRY
	3. FATHER'S NAME W111	iam Colon	8.			14. MOTHER'S Emma		IAME				
1	IS. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16 S	SOCIAL SECURITY N					rt L. Aday		Daug	hter
	Conditions, if a gave rise to cause (o), storing lying cause lost	immediate DUE TO)	Card					CONDITION GIV		PERFO	
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY	,							
	ZOc. TIME OF INJU Hour o. m. p m	RY Month, Day, Yes	While	Not while of work	20e. PLACI foctor	OF INJURY () y, street, office	lame, farm, bldg., etc.	, 20f. {Cily	or town)	(Count)	y)	(State
	,	at (I) (this haspital ised alive an 9-	Je Je	1960, an	d that dea	ATTENDING PHYS 22d. ADDRE	at 17 ME	M, fram	the couses an STAFF PHYS. 1 St. S	d on the da	te stated	d abave 26 DATE 5 GNED 16-6
	23g BURIAL, CREMAT	Sept.	11.6	23c NAME OF CE					Point		land	
	Hollowa	rs signature y & Co. S	alis	bury, Ma	rylar	d.		D BY REGISTI P 1 4 '60		trar's signat Lun S. Kan		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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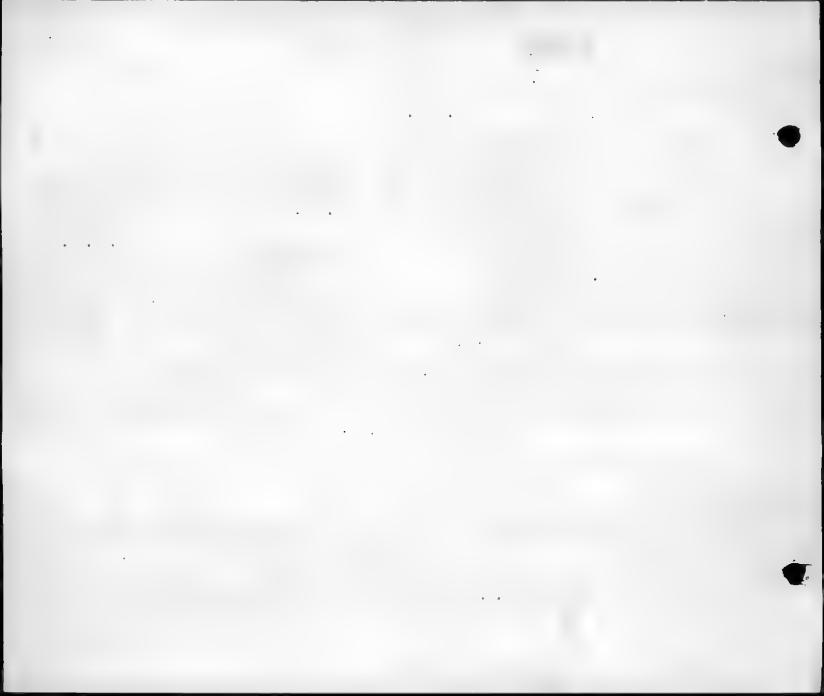
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1. PLACE OF DEATH b. COUNTY			2. USUAL RESIDENCE (V	Vhere decease		on- Residence b	pefore admission)
Wicomico		MARYLAND		yland	b. COUNTY	Queen	Anne's
 b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) 	, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corp	orote limits, write RI	URA and give	nearest town)
Salisbury	1	Yr.2Mos.3Day	s Gra	senvil	le	17.	Y .
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	e street addre	ess)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Deer's Head	State :	Hospital	Rou	te 1,	Bex 57		YES NO I
3. NAME OF First DECEASED		Middle	Last	4. DATE OF	Mon	th	Day Year
(Type or print) Hat	tie	Loleta	Cooper	DEATH	Sept	ember	30 19 60
5. SEX 6. COLOR OR RACE 7	MARRIED [NEVER MARRIED	B. DATE OF BIRTH		9. AGE (in years lost birthdoy)	Manths Do	EAR IF UNDER 24 HRS
Female Negro	WIDOWED 🏌	DIVORCED _	Sept. 22, 1	.892	68 yrs	N. Carrier DO	/s (1001s) Walli.
10a USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ine 10b. KIND	OF BUSINESS OR INDL	STRY 11 BIRTHPLACE (Stot	te or foreign	country)	12 CITIZEN	OF WHAT COUNTRY
None		None	Mary	land		U.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
John H. Williams				h Wils			
1S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) [If yes, give wer or detector of servence.]		AL SECURITY NO. 17.	NFORMANT		Addr	ress	
	2.19	-03.733g	Hospital	Recor	ds Sal	isbury.	, Maryland
18. CAUSE OF DEATH [Enter only one cous	se per line for	(a), (b), and (c).]	71	2	11		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	_60	EINOUS	ef The	om	loses		2 40
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Conditions, if ony, which) (b)	Klei	rerally	ed are	erre	2 x csu	2 Maday	10 45
gove rise to immediate DUE TO	*	1					
lying couse lost. (c)_							
PART II. OTHER SIGNIFICANT COND	ITIONS,CONT	RIBUTING TO DEATH BU	SNOT RELATED TO THE TERN	MINAL DISEA	SE CONDITION GIV	EN IN PART 1(c	o) 19. WAS AUTOPSY PERFORMED?
5	uhe	les /1	alleli	1			YES 💢 NO 🗆
OR CONTRIBUTING CAUSE OF DEATH	Ob. DESCRIBE	HOW INJURY OCCURR	D. (Enter nature of injury i	n Pari i or Po	rt II of item 18.)		
20c TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19		6.	ACE OF INJURY (Home, for ctory, street, office bldg., e		y or town)	(Cour	nty) (Stole
Hour o.m. p.m. 19	While of work .	Not while	ciory, sirear, ornice blag., e	110-1			
21 I certify that (I) (this haspital)	attended	the deceased fram	7/28/ .1	9 59. ta	9/30/	. 19 60	that (1) (we) las
saw the deceased alive an 9/			death accurred at 6:				4 1 4 7
22a. SIGNATURE				55			22b. DATE
Ale X	da	well	M.D. PHYS.	DIRECTOR [STAFF		SIGNE
22c PHYSICIAN'S NAME (Type)			22d ADDRESS				
Lee Lawry,	_M.D		Sal	isbury	, Marylar	ıd	
230-BhRIA., CREMAT ON, 23b DATE THEREOF	(2 1) 234	NAME OF CEMETERY	OR CREMATORY	23d LOCA	TION (City, town,	or county)	(Stole)
24 FUNERAL DIRECTOR'S SIGNATURE	1 3	ADDRESS	Aso RE	C'D BY REGIS		STRAR'S SIGNA	ATURE
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may be relocated by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be differed in the State Baard of Health prior to burial, cremation, ar remaval, and is gas, event, within 72 hours after death.

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav TO HOSPITAL VR A15 (4) 1SM 9/59



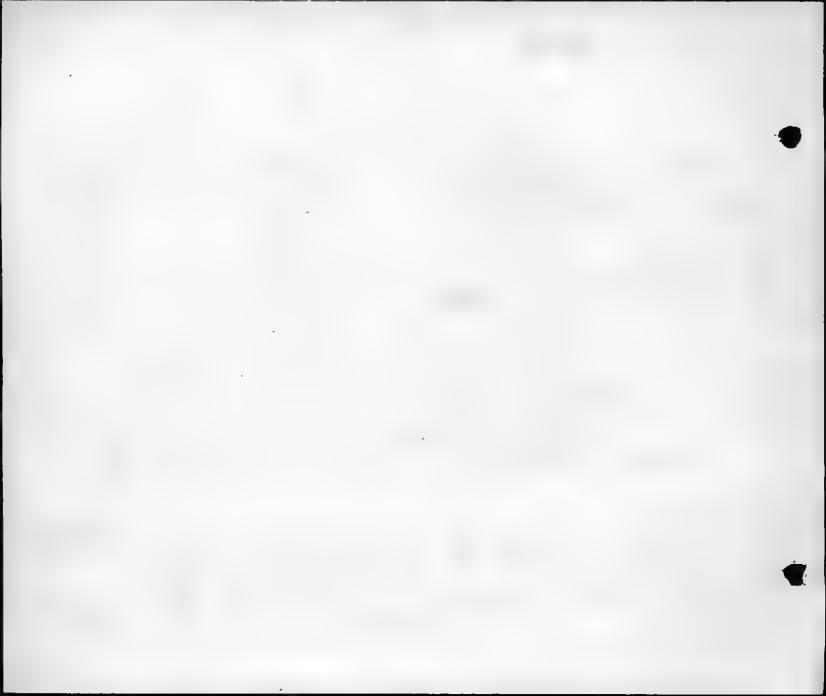
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7	PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who	1 (0)116.173	tion Residence before admission) Y Wicomico					
	b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Rural Mardela Springs	Life	Rural	itside corporote limits, write Mardela Spri	RURAL and give nearest town)					
	d. NAME OF HOSPITAL (If not in haspitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES 🔼 NO					
3	NAME OF First DECEASED (Type or print) Finns	Middle Florence	Dashiell	4. DATE MO OF DEATH Septemb	onth Day Year er 28 19 60					
5	Female 6 COLOR OR RACE 7 MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH March 7,1900	9. AGE (In years lost birthday) 60 yrs	Months Days Hours Min.					
_	OG USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	Home	Marylan	d	12 CITIZEN OF WHAT COUNTRY U.S.A.					
1.	3. FATHER'S NAME ISSAC Waller		14. MOTHER'S MAIDEN N. Olevia Hu							
ī	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no or unknown) If yes, give war or dates of service)	719_07_7173	MFORMANT John W. Dashie	Ad	dela S prings					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), stoting the under. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	OCALL STATE OF ATH BU	T NOT RELATED TO THE TERMIN	S LIRED A	PERFORMED?					
1000	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	_	ED. (Enter nature af injury in P		YES NO-					
1000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 at work at work at work 19 at w									
	21 I certify that (1) (this haspital) attended the deceased fram									
	22c. PHYSICIAN'S NAME (Type) Fred C. Qui:	an 7	22d. ADDRESS Mardela	Springs, Mary	land					
2	Burial (Specify) Oct. 2, 1960	23c NAME OF CEMETERY	SAS PSEZ	23d LOCATION (City, lawn Wicomico Cou	nty, Maryland					
2	FUNERAL DIRECTOR'S SIGNATURE T. T. Framptom and Son	AODKE33	Cemetery 250 REC'D		SISTRAR'S SIGNATURE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be Afted with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 had 3 Mgr deoth. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

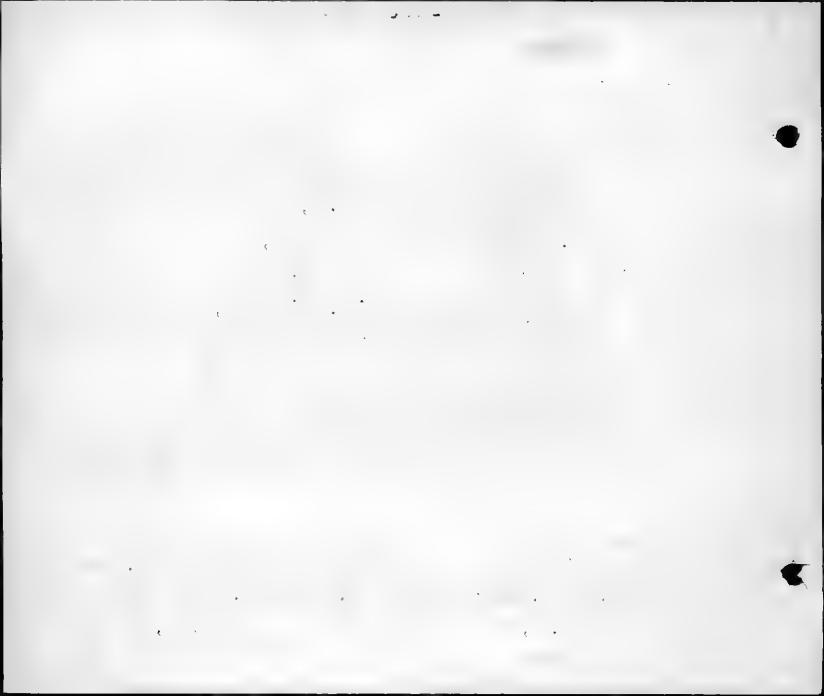
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TO HOSPITAL ATTENDING EHYTICIAN: The low requires that the death certificate be executed within 24 liourner death. Page 4	Ē	So TO IUMERAL BIRICTER: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.	DO	Ť	

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	b CITY OR TOWN RURAL and give	(If autside corporate li	mits, write c.	LENGTH OF STAY	N 1b			side corporate lu				(n)
H		ITAL (If not in hospital,	give street oddr	ress) ta L		d. STREET A	DDRESS 7ew4	ork	AU.		ON.	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	HARRY	First	LEE Middle	Dist	lasi		OF DEATH	Month	e ber	Doy 2/	Year 1960
	mate	6. COLOR OR RAC	WIDOWED	NEVER MARRIE DIVORCED	_	NOV.26			- 11. /	Aonths Do		Min
10₀	Retired	ION (Give kind of war irking life, even if retire Bldg . Ar	ed)	o of business oi ractor	R INDUST			Maryla	nd	12. CITIZE	S A	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME				
	John Si	dney Dish	aroon			Mary	A.Mas	on				
1S. (Y	WAS DECEASED EV	/ER IN U. S. ARMED FO		CIAL SECURITY NO.	Mrs	Cora Ave.	E.Dis Salis	sharoon sbury,	(Wife)	106	New :	York
	1	immediate ((o) CO TO (b)	Tona 4	40	9 sch	urso	in			S OF CO	D DEATH
NOIL	lying cause lost		(e) DINDITIONS <u>CON</u>	TRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE CON	DITION GIVEN	I IN PART 1	PERF	ORMED?
MEDICAL CERTIFICATION	200 ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEAT Y MEDICAL EXAMINES	'H l	E HOW INJURY OF	CCURRED	(Enter noture o	f invury in Pa	rt 1 or Port II of	item 18.]		YES [] ио [Х
MEDICAL	20c TIME OF INJU Hour a.m	· N/A	While	Not while	20a. PLAC focto	CE OF INJURY (I	Home, farm, bldg., etc.)	20f. (City or ta	N/A	(Cou	nty)	(Stote)
		nat (I) (this haspitased alive an_9	al attended				10 19 100 A	, .ta, d, from the	21/Ca		, that (1) late state	. ,
	22a. SIGNATURE	Gram	ni		м		L.K. DIRE	CTOR PH	^{Aff} □ Ser	ot.	23/1	26. DATE SIGNED 960
	22c. PHYSICIAN'S NAME (Type)	r.Fred R.	Gramse				ison		alisbu		laryl	and
23	REMOVAL (Spec f	*		RAPSONS		crematory			bury,	Maryl	and	ote)
	FUNERAL DIRECTO			ADDRESS			2So. REC'D	BY REGISTRAR	25b. REGISTI	_ ,		
1-	VAWO T.TO	& COMPAN	JY SA	TICRURY	MAR	PYTAND	DATE SEP	2 2 '60	Child	mg & #	rand	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	may be retain. We the haspitol ar attending physician. **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages I the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.	
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have be redeath. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and event, within 72 hours after death.	C
1.3		

73 11											
	1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND			n. 9	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline						
D	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Salisbury		write c. LENGTH OF STAY I		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton						
1		OR INSTITUTION	AL (If not in hospitol, give s Head State	street address)		STREET ADDRESS RFD # 3		0 2	¥	e. IS RESIDENCE	
	3. NAME OF First Middle DECEASED (Type or print) Ada.			Got	twals	4. DATE OF DEATH	Month		-,_	Year 19 60	
	5 \$	Female		MARRIED NEVER MARRIE		OF BIRTH	9 AGE (lost bi		UNDER 1 YEAR	R IF UNDE Hours	R 24 HRS Min
	10a	. USUAL OCCUPATION during most of work Housew.	ON (Give kind af wark dang una life, even if retired)	None					U.S		OUNTRY
	13.	FATHER'S NAME			14 M	OTHER'S MAIDEN N					
/	15.	WAS DECEASED EVE	R IN J S ARMED FORCES		17 INFORMA	Mary F	Clizabeth	Tho:	mas		
	(Yes	No or unknown)	(If yes, give wat or dates of service	None	Chri	stial Go	ttwals I	ento	n, Ma	ryla	nd
	PART I. DEATH WAS CAUSED BY. Broncho pneumonia Conditions, If any, which gove rise to immediate couse (o), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTO PERFORMED YES NO OR CONTRIBUTING □ CAUSE OF DEATH OR CONTRIBUTION □ CAUSE OF DEATH OR CONTRIBUTION □ CAUSE OF DEATH OR CONTRIBUTION □ CONTRIBUTION □ CAUSE OF DEATH OR CONTRIBUTION □ CONTRIBUTION □ CAUSE OF DEATH OR CONTRIBUTION □ CAUSE OF D							AUTOPSY			
	MEDICAL	Hour o.m.	19	While Not while at work of work	factory, str	INJURY (Hame, form)		(County		
21 I certify that (I) (this haspital) attended the deceased from March 17 1260, ta Sept. 1 1960, that (I) (we saw the deceased alive an Sept. 1 1960, and that death accurred at M, from the causes and an the date stated at Signature 22a Signature MED. MED. STAFF 9/1 22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. Deer's Head Hospital; Salisbury, Md.											
	230	BUR AL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEME		ATORY	23d. LOCATION (CIP	-	2.5	(Stote	
	24	Burial FUNERAL DIRECTOR	s SIGNATURE	ADDRESS Opens Cor	sporo	1	Greens D BY REGISTRAR 2 REP 6 '60	56 REGISTR	Mar AR'S SIGNAT. ILMA 8. T		d



Salisbury

VS A15 (4) 1SM 9/SB

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Hill & Johnson Co.

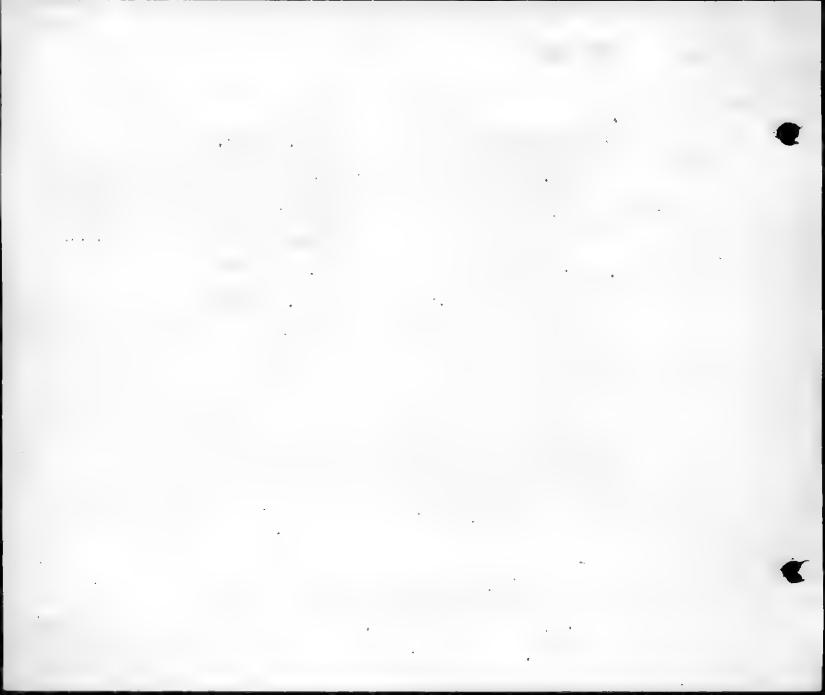
24b. REGISTRAR'S SIGNATURE

SEP 21 '60

Year

1960

(State)



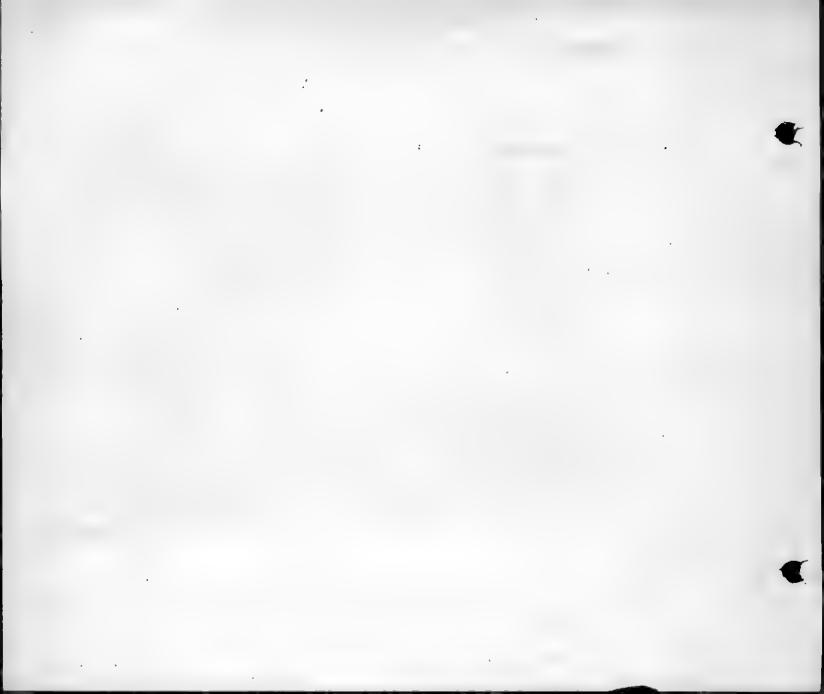
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

,	10500 CERTIFICA	TE OF DEATH
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Ľ	A) COUNTY MARYLAND	many and b. COUNTY Worcester
ا	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3	alishuk Li	Bealin
	d. NAME OF HOSPITAL (If nor in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM
ರ್ಥ	ningul A General Hospital	Rt. 2 YES NO.
3 1	NAME OF First Middle	Last 4. DATE Month Day Yeor
	(Type or print) THENIAS	DILAND DEATH Sintemper 7 196
5 5	SEX 6, COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
Υ	nal a Black WIDOWED DIVORCED	1880 So yrs Months Doys Hours Mil
00	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT
	Blacksmith	Maryland U.S.A.
3.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Unknown	Cresses Holland
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 (5, no, or unknown) [16] yes, give wor or dates of service)	INFORMANT Address
		Linford Junnell - Delbyrel
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CABDIAC D	ECEMPENSATION 2
	430 DUE TO	
	Conditions, if ony, which) 101 ABTEBIOSCLES	CTIC HEADT DISEASE Une S-
	gove rise to immediate couse (o), stating the under-	
	lying couse lost. (c)	
Z O		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP
CATION	UBEMIA HEAMIA	PERFORMED? YES \ NO [
CERTIFIC		ED. (Enter nature of injury in Part I or Part II of item 18)
9	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Z	1	LACE OF INJURY (Home, farm, 20f (City or town) (County) (States of the bldg., etc.)
MEDI	Hour o. m. While Not while to work of work	sciory, sireer, office bidg., etc.)
	21 1 certify that (1) (this haspital) attended the deceased from	9/1/ 19/20, ta 9/2/ 19/D. that (1) (we) to
	1 1/1	death accurred at 15M, from the causes and an the date stated about
	220 SIGNATURE	22b. DATE
	John Mr. Bloken It	M.D. PHYS DIRECTOR PHYS SIGN
	22- FHYSICIAN'S	22d. ADDRESS DEPLICATE OF NIER
	NAME (Type) B BLOXLA III	REDICAL CENTER
23a		
1	Sure 10/8/60 Daich Du	the Bishop and.
24	FUNERAL DIRECTOR'S SIGNATURE A ADDRESS A	A 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
- (Ideury H Proton Paromote	Let My DATE SEP 13'60 Chilling & Kraus

may be rebailed. by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death. r death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO HOSPITAL

VR A1S (4) 35M 9/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) I director, Page or your files. e. COLINTY b. COUNTY Wicomico Wicomico MARYLAND b. CfTY OR TOWN (if outs'de corporeta limits, c. LENGTH OF STAY IN 16 CfTY OR TOWN (If outside corporate | mits, write RURAL and a ve naeres) town write RURAL and give nearest lown) Delmar Delmar Board be retained for h the State Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? funeral 205 Pine St. Pine YES TO NO K 3. NAME OF First Middle DATE Lesi within 24 limms after death. If an 18. Give Pages 1, 2, and 3 to the DECEASED OF 19 60 (Typa or print) WITITIAM CHARLES HUTCHISON SEPT DEATH with 16. COLOR OR RACE 7, MARRIED THE NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER may E 5 m and 2 w lest birthday) Male WIDOWED DIVORCED Apri 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page S dona during most of working life, even if retirad) Seaford of Delmar, Maryland Employee Dupont pages 1 form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Hutchison Flora (Unk) E S WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Hutchison(Wife)205 Pine St Mrs. Mary L. Hutchiso Delmar, Maryland (Yes, no, or unkown) | [[fyesgivewerordelesofservice] permit, in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EMICAL EXAMINER: This certificate should be DUE TO removal, Conditions, if eny, which gave rise to immediate cause "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as e DUE TO (a), stating the underlying 6 cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01, 19, WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY, OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) PRIMARY TO OF CONTRIBUTING 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, (County) 20c. TIME OF INJURY 201. (City or town) Month, Day, Year (State) factory, streat, office bldg., atc.) Whife Not While 0 19 60 Home Delmar Wicomico at work at work prior Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion egent, Accident X death resulted from. Matural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED BUSINES DEPUTY MEDICAL EXAMINER DEFITTY Dr. Earl L. Royer-4 Ave Salisbury Mary Camden 22a, BURIAL, CREMATION, 72b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) M.E. Methodist Cemetery Burial Delmar, Delaware O Q 4 Q 23, FUNERAL DIRECTOR 248 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **VS. A15ME** DATE SEP 1 5 '60 HOTLOWAY & SALISBURY, MARYLAND COMPANY arthur & Kries 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND R

BALTIMORE 1, MARYLAND



VS A1S (4) 15M 9/58

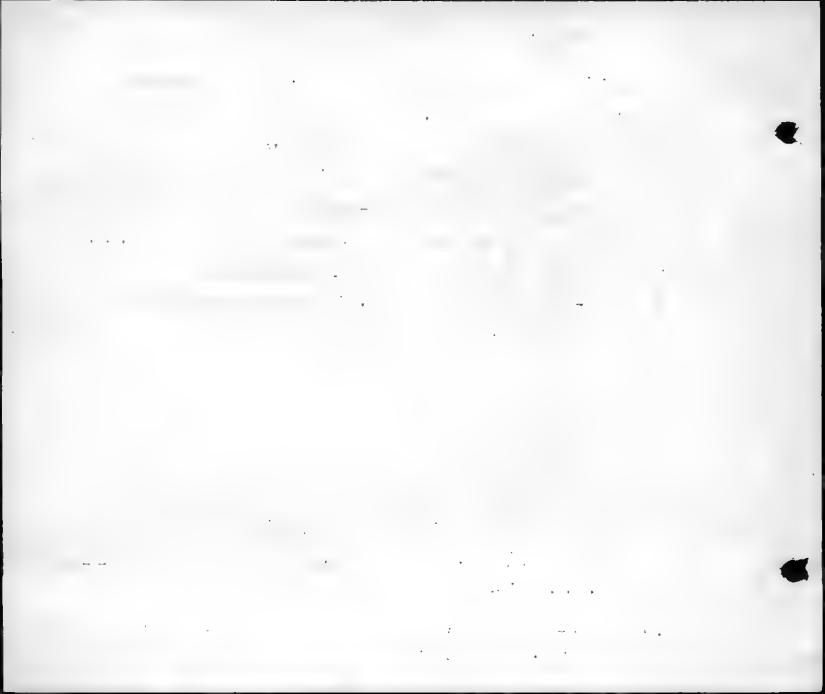
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10860

CERTIFICATE OF DEATH

Reg. Dist. No. 1(1816)

27	1. PLACE OF DEATH G. COUNTY MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY										
1	Wicomico				Maryland Dorchester										
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)			Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Vienna						n)				
		Marc	ola		5 Mos.										
		d. NAME OF HOSPITA OR INSTITUTION	L (It not in haspital, g	ive street	address}		d. STREET A	DDRESS		0	3		gard.	e. IS RES	SIDENCE L FARM?
	-	Maple Sha	de Nursing		· ·		Middl	e St.			1	,		YES NO	
	3.	NAME OF DECEASED	Fin	st	Midd	le	Los	t	4. DATE		Mont	th	Do	у	Year
		(Type or print)	NINA		WEBB		INS		DEATH		9	r	7		1960
	5 !	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MAR	RIED 🔲	B. DATE OF BIRT	Н		9 AGE (In)		IF UNDER			
		Female	White	WIDOWE	D THE DIVOR	ED 🔲	1-1880			80	yrs.	Montas	Days	Haurs	Min.
	10a	USUAL OCCUPATION		one 10b	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar fareign c	country)		12.CITI	ZEN O	WHAT	COUNTRY?
		House Wif			Own Heme		Mary	Land				U.	S.A.	•	
ı	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
_	/	John W.T	. Webb				Anna V	irgini	a Con	way					
-		WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N		NFORMANT				Addr				
	,	No			None	M	r. Alan	Insle	y, Mi	llingto	n	N,J,			
	18 CAUSE OF DEATH [Enter only one cause pervine for (a)-(b)-and (c)]									INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: I TO LE SEEL SEEL SEEL SEEL								ON	A W				
	450 DUE TO														
		Conditions, if any, which gave rise to immediate DUSTO									2				
											î				
0		cause (a), stating the under: DUE TO													
)	lying cause last.) (c)									6 14/45	AL TORCY				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED										DRMED?				
	3	3										YES NO			
	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING . (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY	OCCURRE	D (Enter nature o	if injury in t	Part I or Pai	rt II of item 11	3)				
	MEDICAL		Manth, Day, Yea	r 20d I	NJURY OCCURRED		ACE OF INJURY			y ar tawn)		(0	aunty)		(State)
	9	Haur a.m.	19	While	Not while	fo	tary, street, office	e bidg., etc	.)						
	2					1		- 5	1 11-1	Υ	1				
4		21. I certify the	t Lottended the	deceas			, 194			, 19					
1		alive on	k/_3	, 196	() ond the	ot death	occurred at	_					date		
		1	1 1	-						itreet, city ar I	ławn, :	state)			TE SIGNED
		ACTUAL SIGNATURE	2,166,	4 - 62	Care		MD. Shar	otewn;	Mary	land			9-7	-196	0
		PHYSICIAN'S D	r. H.S. Ku	hlmar	1		Sharptow	a, Mai	yland	.					
	220	BUR AL CREMATION	, 226. DATE THEREC	F	22c. NAME OF CE	METERY,C	R CREMATORY		22d LOCA	TION (City, 1	awn, c	or county)		(Sta	te)
Ph.		REMOVAL (Specify) Buriall	9-9-1960		VIENA	AC	- T	14	Vien	na, Ma	ryl	and			
1	23.	FUNERAL DIRECTOR'S	SIGNATURE	0-32-	ADDRESS		1		D BY REGIS	TRAR 24b.	REGIS	TRAR'S SIC			
		HITT & 10	hnsen Co.	PULL	soury, Mar	ATTIK	L	DATE SE	P 1 3 '6	U	Ch	thun S.	That	A. Mill	



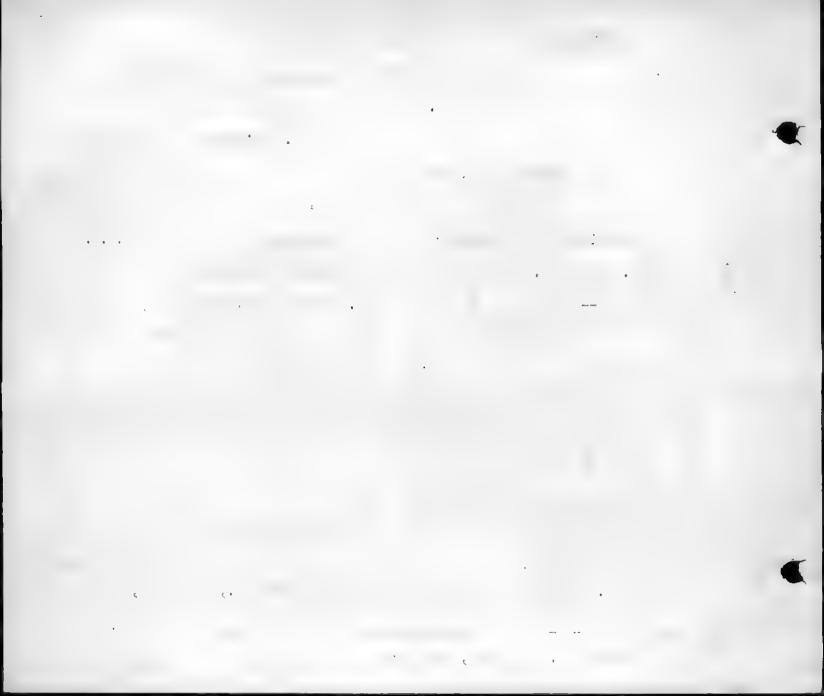
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- 10						
	1. PLACE OF DEATH . COUNTY	MAATEMAI	2. USUAL RESIDENCE o. STATE Maryl	E (Where deceased lived. II	institution: Residence	before admission)
	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)		c. CITY OR TOWN	V (If outside corporate limits	, write RURAL and give	nearest town)
١	Saliaburu	1 wk.	Ocean	City		
	d. NAME OF HOSPITAL (If first in hospital, give str	eet oddress)	d. STREET ADDRE	SS	ab e	e. IS RESIDENCE
-	Peningul A Gener	al Hospital	213 N	. Baltimers		ON A FARM? YES NO L
ı	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
l	(Type or print) CHARLES	TILGHMAN	acksor	DEATH SON	itember	9- 1960
ı	5 SEX 6. COLOR OR RACE 7 M	ARRIED X NEVER MARRIED	B DATE OF BIRTH	9. AGE	In years IF UNDER 1 Y	EAR IF UNDER 24 HRS
ł	male White wind	OWED DIVORCED	July 22,18	67 73	rthdoy) Months Do	bys Hours Min,
ı	10a. JSUAL OCCUPATION (Give kind of work done)	Ob. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE	(State or foreign country)	12. CITIZE	N OF WHAT COUNTRY
	during most of working life, even if retired) Retired Railroad	Engineer	Maryl	and	U.S	. A.
l	13. FATHER'S NAME		14. MOTHER'S MAIL			
	Capt. Lambert W. Jac	ksen	Margar	et Ann Bradle	EY.	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?		FORMANT		Address	
	(Yes, no, or unknown) (If yes, give war or dates of service)	None l	irs. Ralph	Dennis, Ocean	n City, Mar	yland
ı	18. CAUSE OF DEATH [Enter only one couse pe	r-lme for (o), (b), and (c)]	/ /	//	7 - 1	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	oversery 6	Coten /	Keart X	eseece	I MA
ı	H-2 A DUE TO	m 1	00	10		
ı	Conditions, if ony, which)	Cordust	a Clif	tee mo allo	1	
١	gove rise to immediate	//	1	70 -00	77	
ı	couse (o), storing the under-	U				
ı	, (6)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CONDIT	HON GIVEN IN PART II	MITOPSY
	Part II. OTHER SIGNIFICANT CONDITION	CONTRIBUTION OF STREET	THO REDITED TO THE	TEMMINE DISENSE CONDIT	OH OHEN HERE	PERFORMED? YES NO 12
	206 ACCIDENT WAS UNDERLYING 206. (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ry in Port I or Port II of iter	n 18.)	
Į		d. INJURY OCCURRED 20s. PL	ACE OF INJURY /Home	, form, 20f. (City or lown)	/Cov	inty) (Stote)
ı	Hour o m, w	hile Not while for	ctory, street, office bldg	j., etc.)	,	(5.5.5)
	₹ p. m. 17 of	work ot work	0/3			6
1	21 I certify that (I) (this hospital) atte	ended the deceased from	7/	1900, to 7/	7 1900	that (I) (we) last
1	sow the deceased alive op	919 69 and that c	leath occurred	M, from the cau	ses and an the d	lote stoted above.
ı	220 SIGNATURE	/	A TYPE A LIPS IN LOC	6		22b DATE
ı	Wand Xorlenge		M D PHYS.	MED STAFF PHYS.	0 9-9	1-1960
	22c RHYSICIAN'S		22d ADDRESS		1	
ł	David S. Gilmere		Pine F	Bluff Rd., Sal	Lisbury, M	ryland
	23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City	r, town, or county)	(Stole)
	REMOVAL (Specify) Burial 9-13-60	Parsons Cemer	terv	Salisbur	r. Maryland	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			56 REG STRAR'S SIGN	
	Hill & Johnson Ce. Salis	bury, Maryland	DAT	EP 14 '60	C1.31 m 8 fc	
- 16				No. 1 MY	5 1 . 1 . may 7 49	

death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, ar removal, and in any event, withmar 22 hours after death ATTENHING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITAL

VR A15 (4) 15M 9/59



IS RESIDENCE

ON A FARM? YES NO T

Year

19

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

SIGNED

25b. REGISTRAR'S SIGNATURE

Colling S. Kines

250 REC'D BY REGISTRAR

110110WAY & CO.

Salisbury,

puo corbon remove attending may be retained by the hospit TO FUNERAL DIRECTOR: After page 3 should be detached for

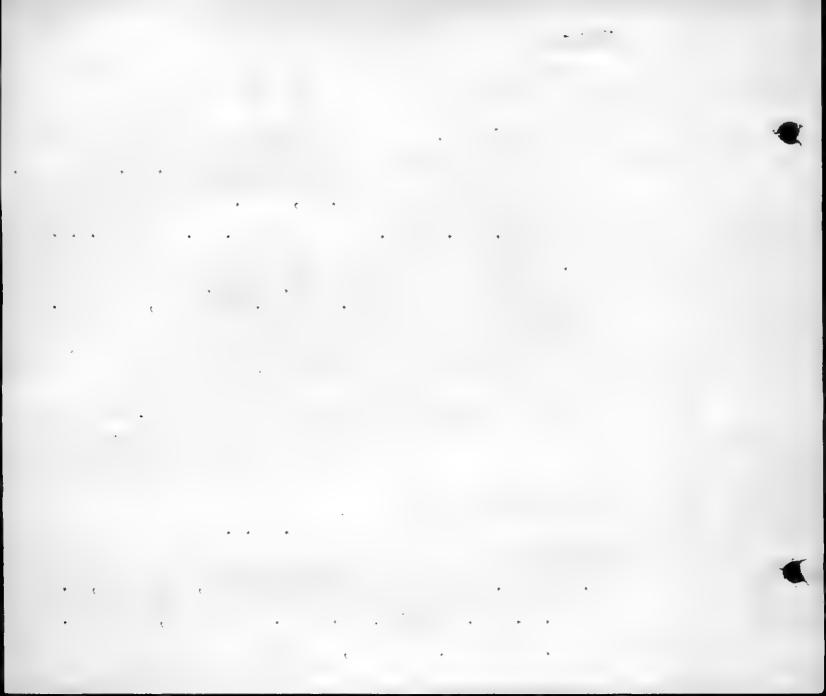
director, iled with

by the funeral d d 2 should be fil

gud .5

be filed

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TO HOSPITAL

VR A15 (4) 1SM 9/59

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0,112, 414, 0			
DIVISION OF STATIST	ICAL RESEARCH AND	RECORDS - BALTIM	ORE 1, MARYLAN
10839	CERTIFICATE	OF DEATH	

	1. F	LACE OF DEATH , COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution on STATE	n: Residence befare admission)			
		1DICE MICO	MARYLAND	O. STATE MARYLAND & COUNTY	WORCESTER			
	t	CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF autside carporate limits, write RU	JRAL and give nearest town)			
	_ 0	30LISBUMY	10 Hours	RURAL - Pocomok	E CITY			
Sp.	(NAME OF HOSPITAL (If not in hespital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
W. Sala		SALIBBURY TENINGULA	JEWERAL BSFITA	R.F.D. 3	YES NO			
	3. 1	IAME OF First	Middle	Lost 4. DATE Mont	h Day Year			
		PECEASED Type or print) FITON	MARTIN	TONES DEATH SEPTEM	BER 17 1960			
	\$ 5	EX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED		IF UNDER 1 YEAR IF UNDER 24 HRS.			
	D	VALE WIDOW	DIVORCED	MAY 1, 1893 G7 yrs	Months Days Hours Min			
	100	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
		during most of warking life, even if retired) FARMER	ARMING	MARYLAND	U.S. A.			
	13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	1	VILLIAM HENRY JO	NES	ELLA WATSON				
Л	•15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IP	FANGE REPORTED TO THE PARTY OF	** 2			
	(Tès	NO or unknown) (If yes, give wor or dates of service)	C-34-9239 W		OKE CITY, MD.			
		1B CAUSE OF DEATH [Enter only one cause per li		institution of the second	INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY	111 70001/10	il tudisiet mil	ONSET AND DEATH			
		IMMEDIATE CAUSE (a) DUE TO	1 - Consider	a y car	1 aug			
		Canditians, if any, which	0	U				
		gave rise to immediate						
		cause (a), stating the under-						
	z							
	CATION				PERFORMED? YES NO X			
4		200 ACCIDENT WAS UNDERLYING [] 206 DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part 11 of item 18.)	113 110 110			
- 0	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
			NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town)	(Caunty) (State)			
	MEDICAL	Hour a m. 10 While	Not while for	ctory, street, office bldg., etc.)	(4.4.4)			
	₹	р. л.	0 0	0 /2 3	Z.a			
		21 I certify that (I) (this hospital) attend	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10.70	, 19(a), that (1) (we) lost			
		sow the deceased alive on	1900 , and that c	leoth occurred of M, from the causes and	d on the date stated obove. 22b DATE			
ı		220. SIGNATURE	1	M D ATTENDING MED STAFF	SIGNED			
П		22c. PHYSICIAN'S	• /	M D PHYS DIRECTOR PHYS 22d. ADDRESS	4-17-60			
		NAME (Type) LC . R . ELLI	TR	0 1 14	LAND.			
	22-	BURIAL, CREMATION, 236 DATE THEREOF	In HAUE OF SEMESTERY OF					
	200	REMOVAL (Specify)	23c NAME OF CEMETERY	U				
		SURIAL 19-20-60 FUNERAL DIRECTOR'S SIGNATURE.	ADDRESS		TRAR'S SIGNATURE			
	1/0	1/0/1/1.7-		SEP 2 1 '60 /	Lilling S. Kroud			
1	Layert H. It alson GOOMOKE C.N. M.D. DATE SET 21							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMOPE CERTIFICATE CERTIFICATE

ND R	ECORDS - BALTIM			75 \$	08	21
TE	OF DEATH	3 5	主動	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L O'C!	

1 140 1520

7. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
Wicomico MARYLAND	o. STATE Maryland b. COUNTY Wicomico							
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c_CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL ond give negrest town) Salisbury	Salisbury							
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
104 Cherry St	104 Cherry St YES□NO□X							
3 NAME OF First Middle	Last 4. DATE Month Day Year							
(Type or print) SARAH PRISCILLA	JONES DEATH SEPT. 13th 19 60							
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs Min.							
Hemale White WIDOWED M DIVORCED	June 4, 1877 lost birthday! Months Days Haurs Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)								
House Work at Home None	Somerset Co. Maryland U.S.A							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
James H. Martin	Mary Ross							
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no. or unknown) (If yes, give wor or doller of service)	NFORMANT J. Wheatley (Daughter) 104 Cherry							
No	St. Salisbury, Maryland							
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- 10dana							
DUE TO DE TO								
Conditions, if any, which) (b) Uslesso se	Conditions, if any, which) the listeres selesous of frame infection							
gove rise to immediate cause (b), stating the under-								
lying cause lost. (c)								
PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
8	YES NO 🐧							
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D (Enter noture of injury in Part I or Port II of item 18.)							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the followork of the polymer of the	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) ctary, street, affice bldg., etc.)							
p. m. N/A 19 of work of work	N/A N/A							
21 I certify that (1) (this haspital) attended the deceased from.	1957 to Sept. 13, 1960, that (1) (we) last							
saw the deceased alive an 9/13 19 60, and that	death accurred at 200 M, from the causes and on the date stated above.							
220. SIGNATURE	22b DATE							
Dr. Wo Cometh	M.D PHYS LA DIRECTOR PHYS. SEDT. / 4- /1900							
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
Dr.William B. Smith	Medical Center Salisbury, Maryland							
23a BURIAL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (Stote)							
Burial Sept. 16, 1960 Parsons								
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE							
HOILOWAY & COMPANY SALISBURY M	ARYLAND DATESEP 16'60 Turing S. Knows							



2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)

PLACE OF DEATH

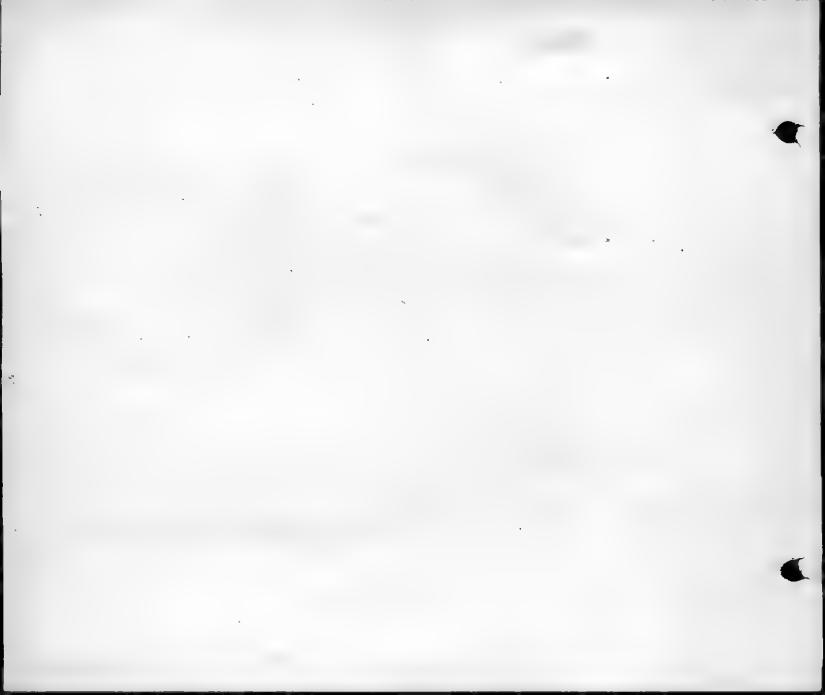
may be retained by the hospital or attending physician.

The low requires that the hospital or attending physician.

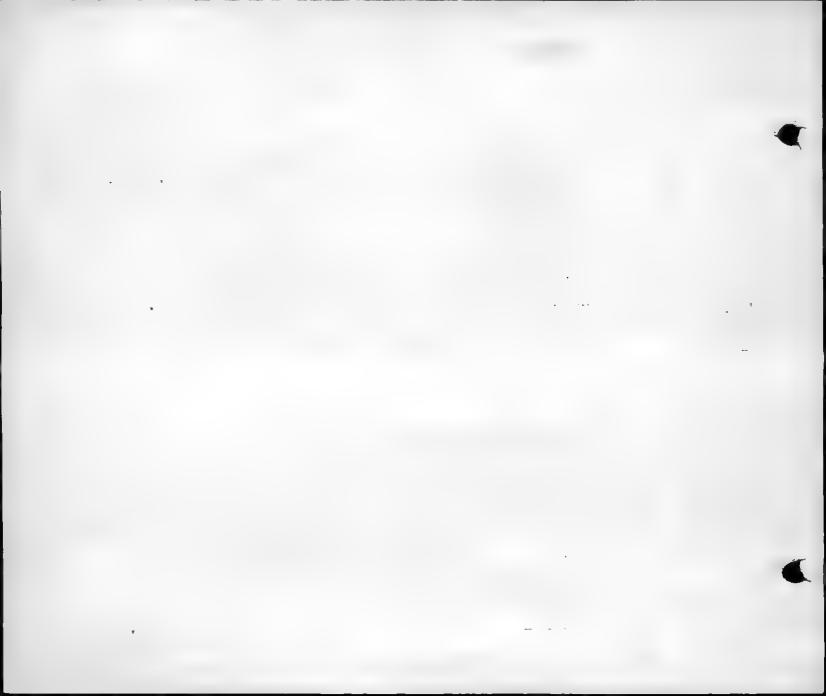
Description of the hospital or attending physician or the permit of the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remayer corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, ar remayal, and in any event, within 72 hours after death.

TO HOSPI	may be	TO FUNER	pode 3 s
VR	A	15 ([4]
15	M	9/5	9

NI	o. COUNTY Vicomico	MARYLAND	o. STATE DEL	L. COUNTY SUSSEX L
	CITY OR TOWN (If outside corporate firm RURAL and give nearest town)	ts, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporo	te limits, write RURAL and give nearest town)
	Salishary		SELBYVIL	LE
	d. NAME OF HOSPITAL (If mit in hospital, a	give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
à-	Peninsula Gener			YES NO [4
	3. NAME OF DECEASED		Last 4. DATE OF	C Manth Day Year
	(Type or print) / LOREN 5 SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9	AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS
	Esmala Wikta	MIDOWED DIVORCED	3/40/1894	last brithday) Manths Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work	dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cau	
	during most of warking life, even if retired)	DEL.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JOHN WAIN	UWRIGHT	JANE	WAINWRIGHT
T	15. WAS DECEASED EVER IN U. S. ARMED FOR [Yes, no or unknown] [If yes, give wor or dates of the control of the	ervice)	NFORMANT PARTY	Address
		12.12. 14. 10. 71.	sucret hathbu	y Sellegorlle & 4.
	18. CAUSE OF DEATH [Enter only one co	ause per line for (o), (b), and (c)	at The	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (c		unery wo	moore 48 cm
	Canditions, if any, which)	V		
	gave rise to immediate			
	lying couse lost.	· :)		
	PART II OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
1	O PARI II OTHER SIGNIFICANT CON			YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port I	Il of item 18.)
		20. 11.11.11.11.11.11.11.11.11.11.11.11.11	ACT OF INDIANA III E ORE IT	
	20c. TIME OF INJURY Month, Doy, Yell Hour o. m.	While Not while fo	ACE OF INJURY (Hame, farm, 20f. (City of clary, street, affice bldg , etc.)	r town) (County) (State
		at work at work	9/17/ 1/4	Glial and Discourse
	21. I certify that (I) (this haspita	A	1 1 10	
	saw the deceased alive on	/ , and rhar c	learn accurred at LETAN, from the	he causes and on the date stated above 22b DATE
1	Wand J. D	llegore-	M D PHYS DIRECTOR	STAFF PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS
-	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	tra 0 0
			Jallabut	y Maryland
	23a BURIAL, CREMATION 23b DATE THEREO	/		N (City, fown, or county) (Stote)
	BURIAL 1/YY/		CH CEMETERY SE	LBYVILLE DE
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTR	- 4-
	I mry 1 Wall	The Jochmoke M	16, DATE SEP 2 3 '60	Cirkbut & Frank



PHYSICIAN: The law requires that the death



TO HOSPITAL

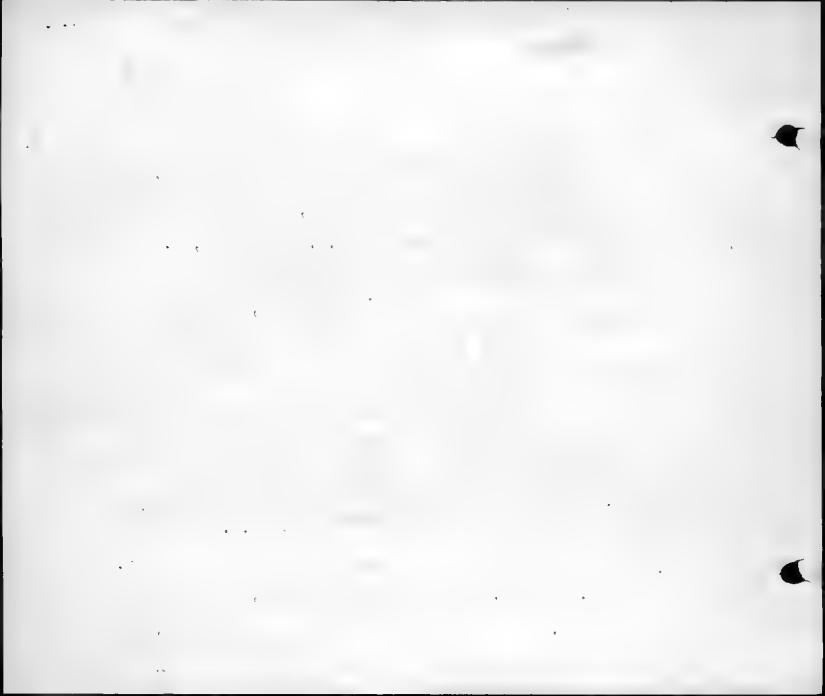
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

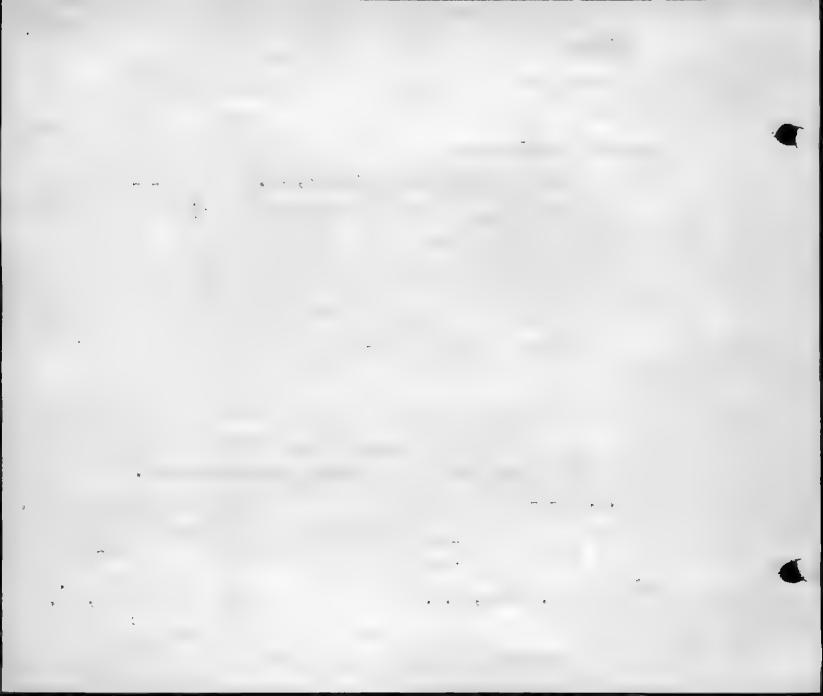
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	PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESID	Maryland	ed lived If institution b COUNTY	with Comi	,
	b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corp		URAL ond give neares	t town)
	d. NAME OF HOSP OR INSTITUTION 1500	Rose Drive	oddress)	d. STREET A	1506 Ros	e Drive	1	S RESIDENCE ON A FARM? ES NO N
	3. NAME OF DECEASED (Type or print)	SAMUEL	BENJAMIN M	ARSHALI		SEPT	• 4th	Year 19 60
	s. sex Male	White Widow	RIED NEVER MARRIED	July 12	2,1905	9 AGE (In years lost birthday) 55 yrs.	Months Days H	ours Min.
)	during most of wo Shipping 13 FATHER'S NAME	Clerk - Shore Benjamin Mars	land Freezer	R.D.		ury, Md.	U.S.	HAT COUNTRY?
				.Hilda		(Wife)Add	ose Drive	(1506)
	Conditions, if gove rise to couse (a), stotim lying couse lost	immediate DUE TO	pidermoid = wides				(EN)N PART 1(0) 19	AL BETWEEN AND DEATH 2 M 6 N WAS AUTOPSY PERFORMED?
	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER NOTIF	VAS UNDERLYING 206 DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	finjury in Part I or Pa	ort II of item 18.)	·	
	20c. TIME OF INJU Hour om p. m	,,,	Not while fo	ACE OF INJURY (ctory, street office N/A	Home, farm, 20f. (Ci bldg , etc)	ty or town) N/A	(County)	(Stote)
		Dr. Robert T.	1 1960, and that of	M.D. ATTENDING PHYS 72d. ADDRI	MED DIRECTOR E	STAFF STAFF	14, 1960, that id an the date st	
	23a. BURIAL, CREMATI REMOVAL (Specif BUT19].	Sept. 7, 1960	23c NAME OF CEMETERY C	er CREMATORY		ATION (City, town, disbury	or county) Maryland	(Shote)
-	24. FUNERAL DIRECTO HOLTOWAY		ADDRESS SALISBURY MA	RYLAND	250 REC'D BY REGIS	STRAR 25b, REGI	STRAR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH LTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased I vad, If institution: Residence before admission) director, Page a. COUNTY a. STATE b. COUNTED Wicomico MARYLAND Maryland
c. CITY OR TOWN (.I outs de corporata b. CIY OR TOWN (if outs de corporate .im ts, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 70 Salisbury Berlin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 5 e. IS RESIDENCE ON A FARM? Peninsula General Mospital State YES Z NO 3. NAME OF 4. DATE 3 to the DECEASED OF the (Type or post) DEATH Joseph Ignatius 19 9-9-60 with 6 COLOR OR RACE 7. MARRIED THEYER MARR ED 5. SEX AGE (in years) IF UNDER 24 HRS. may b 2 with and 2 wi last bighday) Months Days Hours WIDOWED [DIVORCED uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, all in pencil in Item 18. Gram PM3, Page 5 of USUAL OCCUPATION (Give kind of work KEN OF WHAT GOUNTRY? 10b. KIND OF EUS NESS OR INDUSTS et pé working life, aves Office along with form burial-transit permit, Fila ARMED FORCEST 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN <u>.</u>⊆ ONSET AND DEATH DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (a) Crushed chest Sudden **DUE TO** Conditions, if any, which {b} gava rise to immediate cause DUE TO (a), stating the underlying causa last. cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? asse execute the certificate, writing the word should be forwarded to the Chief Medical EVUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) car that ran into back of | 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day Year 10 to factory, streat, office bldg., etc.) Not While at work - Car Gal work Pocomoke Worcester 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry T and in my opinion egent, death resulted from: Natural causes Accident X Suicide Homicide 1. Undetermined manner CHIEF MEDICAL EXAMINER 9-10-60 designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Camden DEPUT NAME (Typa) Address (Streat, city, town, or county) CEMETERY OR CREMATORY 40 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE SEP 1 6 '60 aritury S. Henry 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH

OR INSTITUTION DEFR'S HEAD STATE FOSPITAL 22] West End Ave. ON. OPECASED Institution MARGARET First Middle Lost A. DATE OF DECEASED (Type or print) MARGARET F. MUNSON SEX ACCOLOR OR RACE MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 12-19-75 9 AGE (In years list birthday) Months Doys Hours Newton, N. J. 12. CITIZENOF WHAT Unknown S. WAS DECEASED EVER IN U.S. ARMED FORCES? NO DEATH 14. MOTHER'S MAIDEN NAME Unknown S. WAS DECEASED EVER IN U.S. ARMED FORCES? NO DEATH 16. SOCIAL SECURITY NO DEATH DEATH Address Deer's Head State Hospital Records, Salis INTERVAL BY INTERVAL BY INTERVAL BY ONSET ANN YEAR Conditions, if ony, which gove rise to immediate couse (a), stoting the under: lying couse lost. Conditions, if ony, which gove rise to immediate couse (b), stoting the under: lying couse lost. Conditions, if ony, which (b) DUE TO Arteriosclerosis, general Year: 20a ACCIDENT WAS UNDERLYING DUE TO Conditions CAUSE OF DEATH (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) TO FORT III of item 18 Year: 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)			Residence bei	Lived. If institution b. COUNTY	ere deceased yland	2. USUAL RESIDENCE (Whe o. STATE	MARYLAND		Wicomico	PLACE OF DEATH o. COUNTY
d. NAME OF HOSPITAL (If not in hapital, give street address) d. STREET ADDRESS d. DATE Manif. D. SAGE (In years iles to immediate control of the STREET ADDRESS OF INDUSTRY IT IS BIRTHPIACE (Stote or foreign country) D. S. AGE (In years iles to immediate control of the STREET ADDRESS OF INDUSTRY IT IS BIRTHPIACE (Stote or foreign country) D. S. AGE (In years iles the Manif. D. S. AGE (In years iles the Manif. D. S. AGE (In years iles the Manif. D. S. AGE (In	n)	nearest tawn	RAL and give n	rote limits, write RU	utside corpor	c. CITY OR TOWN (If ou	LENGTH OF STAY IN 16	ts, write		
d. STREET ADDRESS Co. ISSTITUTION DEFT'S HEAD STATE HOSPITAL POOL STATE HOSPITAL Address Co. ISR SEX COLOR OR RACE FIRS MINSON DATE MUNSON DATE MUNSON DATE MUNSON POOL MARGRET MUNSON DATE MUNSON POOL MARGRET MUNSON DATE MUNSON POOL MARGRET MUNSON PAGE MONTH M	44	1		B	bridge	Cam	h7 days			
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Salign S	19 60				L			RGARE	MA	
OD JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOMERACE JIA. MOTHER'S MAIDEN NAME UNKNOWN S. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO TINFORMANT NO INFORMANT NO INFORMANT Deer'S Head State Hospital Records, Salis Landing State Hospital Records, Salis Land				last birthday)				MIPHE	6. COLOR OR RACE	SEX
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Unknown S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Deer's Head State Hospital Records, Salis No 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Arteriosclerotic heart disease ONSET AN Years Conditions, if ony, which gove rise to immediate couse (a), stoting lihe under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS PERF YES TO ACCIDENT WAS UNDERLYING TO THE ORDER OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING TO COURSE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 201. TIME OF INJURY Month, Day, Year 201. INJURY OCCURRED foctory, street, office bidg., etc.) While Not while at work to the foctory, street, office bidg., etc.)		J.S.	U		.J.	Newton, N				
NO INFORMANT Address No					IAME	14. MOTHER'S MAIDEN N				FATHER'S NAME
WAS DECEASED EVER IN U. S. ARMED FORCES? NO IB CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting like under: Lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PERFORM TO THE TERMINA						Unknown			linknown	
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at wark at wark		, (c)								
	ORMED?	PERFO YES 🔀								
21 1 certify that (1) (this haspital) attended the deceased fram 7-28 , 1960, ta 9-13, 19 60that (1)	ORMED?	PERFO		t II of item 18)	ort I or Port	D. (Enter nature of injury in P	BE HOW INJURY OCCURRE	20b. DES	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY
saw the deceased a ve an 1 9-13 19 60 and that death accurred a 500 from the causes and an the date state	ORMED?_	PERFO YES	(Count		, 20f. (City	ACE OF INJURY (Home, form,	RY OCCURRED 20e. PL Not while fa	or 20d. It	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUF Haur a. m.

22c PHYSICIAN'S

230 (BURIAL CREMATION, 236 DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery

22d ADDRESS

23d LOCATION (City, town, or county) Church Creek, Md.

Salisbury, Md.

Deer's Head State Hospital

25b REGISTRAR'S SIGNATURE

ADDRESS Cambridge, Md.

25a. REC'D BY REGISTRAR SEP 2 0 '60

Onthur S. Kraus

(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

death. Page 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haus

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10836 CERTIFICATE OF DEATH

TOOOA	QERTIII IQA	IL OI PERIII		
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution	Residence before admissran)
	MARYLAND	Lar lan	b. COUNTY	Kent '-
b CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	rite c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RUR	AL and give nearest town)
Selisbury	20 days	Chester	town 1 t	fX 1
d. NAME OF HOSPITAL (If not an haspital, give a OR INSTITUTION	street address)	d STREET ADDRESS		e, IS RESIDENCE ON A FARM?
Duer's Head State	Hespital	R.H.D.	73 Luaker Necl	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Manth	Day Year
(Type or print) MAGGI	E	Murray	DEATH 9	6 1960
5 SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF SIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
Female Col W	DOWED DIVORCED [Aug. 1, 1894	4 66 yrs	Aonths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR INDU		r fareign country)	12 CITIZEN OF WHAT COUNTRY
during most of warking life even if retired) HOUSEWITE		Maryland		USA
13 FATHER'S NAME	cton	14 MOTHER'S MAIDEN NA	ME Cmd + h	
Robert Hou	ROTT	Cora	DIIIT OII	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service		FORMANT	Chestert	
no	none	Marian Murr	ay siste	own, Md.
18 CAUSE OF DEATH [Enter anly one cause	per line for (o), (b), and (c)-]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	Carcinoma of es	sophagus with	advanced metast	ases 15 vrs.
50 X DUE TO				
Conditions, if ony, which (b)				
gove rise to immediate couse (a), stating the under-				
lying couse lost (c)				
PART II OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3				YES 🔼 NO 🗌
OR CONTR BUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort (or Port II of item 18.)	
<u> </u>	£	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
Heur o m. 19 0	While Not while the work at work	story, struct, office bruge, gro.,		
21 I certify that (I) (this haspital) a	ttended the deceased from	8/17 12	50, 10 9/6	1900 , that (I) (we) los
saw the deceased alive an 9/6	19 <u>60</u> , and that a	leath occurred at	M. from the causes and	on the date stated above
220. SIGNATURE		6:15		22b DATE
0 fuero	ucan.	M.D PHYS DIR	FCTOR PHYS 🔯	5.GNEL
22c PHYS CIAN'S NAME (Type)			er's Head State	Hospital
V√ Juerma	n, M. D.	Sa	lisbury, Md.	
23d BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or	certown, (Stole)
Bull 1(Specify) 9/10/60	Janes Cem	etery	near - Ches	tertown, Ma.
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	353		AR'S SIGNATURE
Junich Well	-Chestertow	n, Ma. DATE	SEP 9 '60 C	Irlhun S. Flores

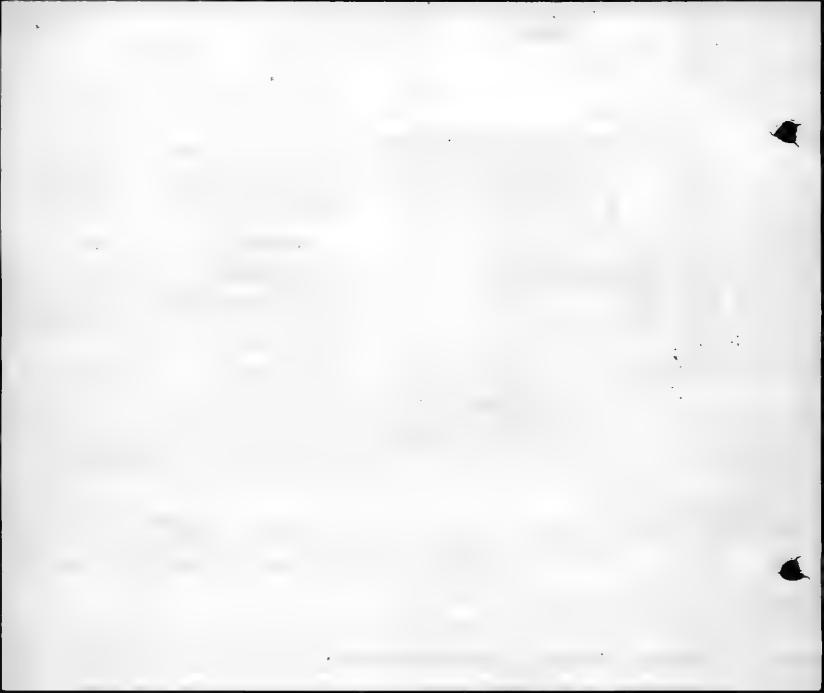
ir death. Page 4 may be read to by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then piecse remove carbon pages. Pages 1 and 2 should the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72-leaves offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav TO HOSPITAL

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



10862

PLACE OF DEATH O COUNTY A / C / 1 200 / C / MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o STATE b. COUNTY A (C 2 2 2 1 5 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Anticore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Vutter 4. DATE Month 9 - 3 1960
WIDOWED DIVORCED	8. DATE OF BIRTH 1-22-1893 9 AGE (In years law birthday) 7 yrs 1F UNDER 1 YEAR IF UNDER 24 HRS Months Data Hours Min
USUAL OCCUPATION (G ve kind of work done) 10b KIND OF BUSINESS OR INDU during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Hesikiah Nutter	Jezh Jane -
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	L Rose Barclay Nanticoke, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), m(c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ac Feeleise. Interval Between onsetting death
Conditions, If ony, which gove rise to immediate cause (o), stating the under:	utic Heart Disione 10 gars
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18)
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED for the p. m. 19 While of work of work	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	leath accurred at M, from the cause and an the date stated above
De de De De La Companya .	M D PHYS DIRECTOR PHYS D
Richard # Saunda	NANTICOKE Md.
230. BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY C	OR CREMATORY 23/ LOCATION (City, lown or county) (State)
24. FUNTERAL DIRECTOR'S SIGNATURE BIVOLOR, N	13 - 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE SEP 9 '60 Civiling 8, Kraus

death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and camp etely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 boars after death. TO HOSPITAL VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

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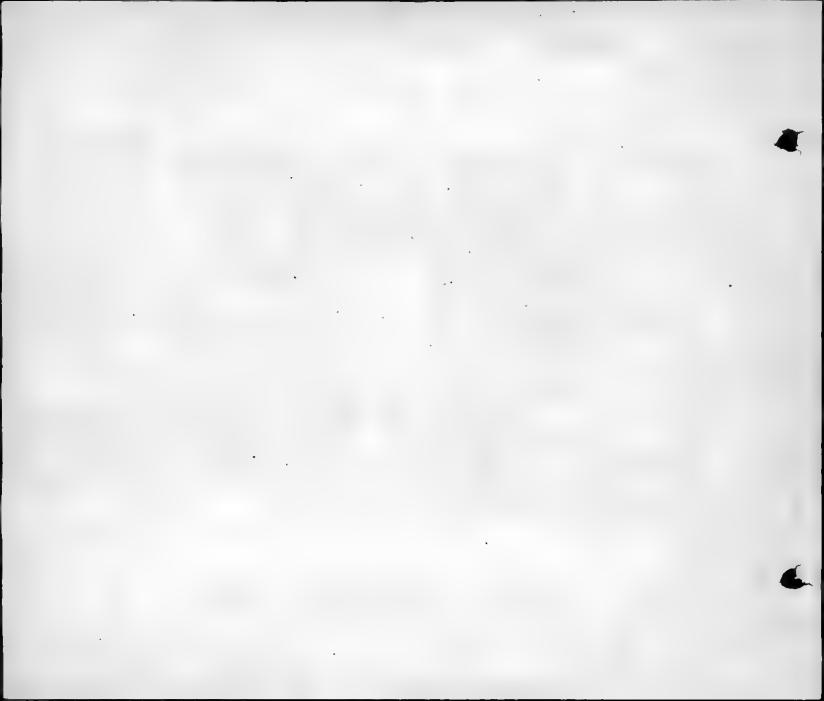
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N. 12	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	1086; MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1823
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	" . COUNTY WICOMICO MARYLAND . STATE V, RGINIA & COUNTY AYLING TON
Hear Pleas	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nessest town)
ssan yaur	RURAL MAKDELA ARLINGTON
10.00	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM?
3 9 9 2	U.S, KOUIE SO 2125 BRANGYWINE SI, YES NOW
he funder of the funder of deat	3. NAME OF DECEASED (Type or print) First Pace F LEE OFF ON DEATH SEPT 2 1960
to the	5. SEX 6 COJOR OR RACE MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (Inches) IF UNDER TYEAR IF UNDER 24 HPS
DE STOOMS	FEMALE While WIDOWED DIVORCED JUNE 11, 1903 57 yrs Months Days Maurs Min.
People Supering	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Fig. 20	RETIRED HOMY MAJON U.S. ALMY LEXAS U.S.A.
A SERVICE TO SERVICE	13. FATHER'S NAME
and a second	Thomas Sprales Camiel Rodgers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
4 E E	IVes no extensioned 1 (II) we now you de detail accorded
B Walter	YES WWIL Pr. L.A. RAPEE, WAShing Tow, O.C.
Day Dus	PART I, DEATH WAS CAUSED BY:
20.00	IMMEDIATE CAUSE (o)
ori Affica	Conditions, if any, which the
# 6 0 15 E	gave rise to immediate cause
Pino P	(a), stating the underlying DUE TO
To and the state of the state o	PART H. OTHER SIGNIFICANT CONDITIONS CONVEIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS. WAS AUTOPSY
of E	PERFORMED? YES NO
T. c. c. c.	200. EXTERNAL CAUSE WAS PRIMARY SOF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
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# # # # # # # # # # # # # # # # # # #	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 201. (City or fawn) (County) (State) To Hour Own 9 2 1960 of work of work 10 101/175 500
the ge rior	
CAN Writing Tight	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my
ote, oded	apinion death resulted fram: Natural couses Accident Suicide, Hamicide, Undetermined manner
A CO O D	ACTUAL SIGNATURE Carles Ca
200	SIGNATURE AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT ASSISTA
e the tild build b	EXAMINER'S Ph. J. PA . JISK & DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
SEPU Show UNI	220 BURIAL, CREMATION, 27b. DATE HEREOF 22c, MAME OF CEMERATORY 27d LOCATION (City, town, or county) (Stote)
5 4 5 8	DUCIAL 9-9-1960 FORVEST HARK CEMELERY HOUSION LEXAS
VS. A15ME	23 AUXERAL DIRECTOR & SIGNATURE ADDRESS 240. REGISTRAR 246 REGISTRAR S SIGNATURE ADDRESS
\$M 2/57	Moment Wallace Salesbury Ind DATE SEP 6 '60 added S. Kinus

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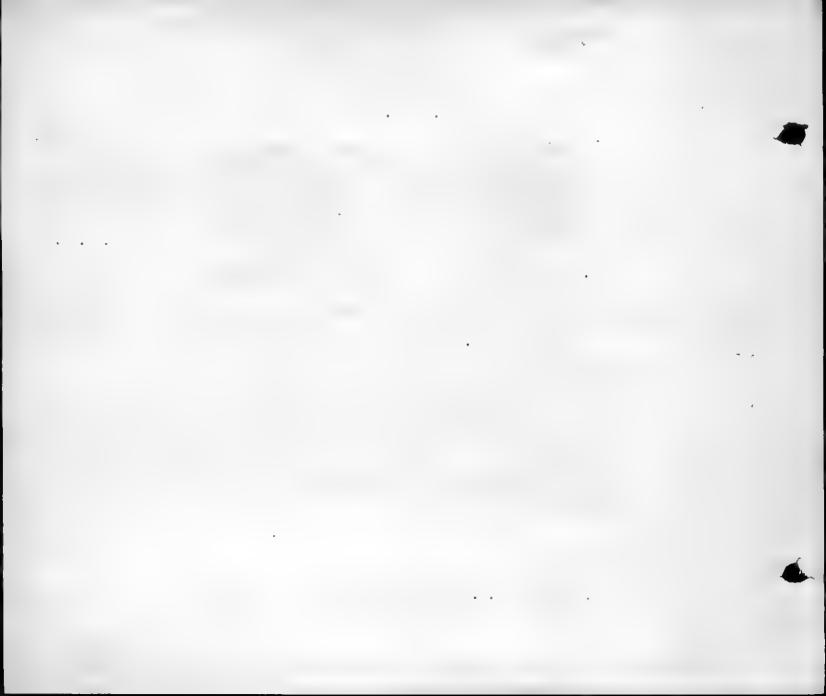
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ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 havr	by the haspital ar attending physician.	RECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.	be detached for use as the burial-transit permit. Then <u>alease</u> remave carban papers. Pages 1 and 2 shauld be filed with	ľ
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TO HOSPITAL

may be retai

TO FUNERAL DIRE
page 3 shauld by
the State Board of VR A15 (4) 1SM 9/59

				O POINT I I I	IGAII	. 01 01							
1,	PLACE OF DEATH				2	USUAL RESID	ENCE (WI	nere decease	ed lived. If institut		nce befo	ore admissio	on)
		icomico		MARY	LAND	o. STATE	lary l	and	b. COUNT	V. Wi.com	nico)	
	b CITY OR TOWN (IF	outside corporate limits,	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If o	outside corpi	orate limits, write				
	RURAL and give ne	alisburv		2 Mo. 5	Da.	1	Balis	burv					
_	d. NAME OF HOSPITA	AL (If not in hospital, giv	e street d		Date I	d STREET AD		,				e IS RESID	DENCE
	OR INSTITUTION	eer's Hoad	Stat	e Hospital		4	5 Del	aware	Avenue			YES T	
3.	NAME OF DECEASED	First		Middle		Last		4. DATE OF	Mo	inth	Ď	ay Ya	eor.
	(Type or print)	Marg	aret	Mildr	ed	Palme	2	DEATH	Sep	tember	r 23	3 19	9 60
S.	SEX	6. COLOR OR RACE	MARRI	ED MEVER MARRI	ED B. (DATE OF BIRTH		-	9 AGE (In years lost birthday)			IF UNDER	
	Female	Negro	VIDOWE	D DIVORCE		Jan. 15	. 191	37	29 yrs		Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b	KIND OF BUSINESS C			CE (State	or foreign	country)	12 CIT	IZEN O	F WHAT CO	DUNTRY
	Farm	ing the, even it lenied)		None]	[vre]	and			U.	S. A.	
13	FATHER'S NAME			110110		4. MOTHER'S							
		Clarence	Hutt				Arnes	Pars	ons				
15	WAS DECEASED EVER	IN U. S. ARMED FORCE	57 16		17 INFO	RMANT			Ad	dress			
1,4	m. no. or unknownly of	of yes, give war or dates of serv	100)	2		Hospit.	al Re	cords	Sali	sburv	. Ma	arvlan	nd
	IB. CAUSE OF DEA	TH Enter only one cour	e per lin	e for (a), (b), and (c).	1						INT	ERVAL BETY	WEEN
		TH WAS CAUSED BY:		Ca. of Cer	4	tani m/		*****	*		ON	3 Yea	DEATH
	1 min	IMMEDIATE CAUSE (o)_		og or cer	<u>vik u</u>	DETT WY	गुल गुल्ह	000000	>		-	2 00	1 1 7
	Lange of the	X											
	Conditions, "if and	mediate									_		
	cause (a), stating t	he under- DUE TO											
_	lying cause last.) (c)											
MEDICAL CERT FICATION	PART II. OTH	ER SIGNIFICANT CONDI	_		ATH BUT NO	OT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION G	IVEN IN PAR	(a) (19. WAS AL PERFORI YES □	SWED3
F	20a. ACCIDENT WA	S UNDERLYING T	, mar Mar	phritis RBE HOW INJURY O	CCURRED. (Enter nature of	injury in	Part I or Pa	ort II of item IB.)				
CERT	OR CONTRIBUTING	CAUSE OF DEATH			,								
AL	20c TIME OF INJURY	Month, Day, Year	20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (H	ome. farm	1. 20f. (Cir	ty or town)	· I	County	1	(Stot
EDIC	Hour o.m.	19	While	Not while		y, street, office			,	,	,		
2	p. m.		at work	1	- 7	/10/		60	0/22/		60		
	21. I certify that	t (I) (this hospital)	attend	ed the deceased	from/_	777/				, 19			
	saw the decease	ed alive an9/	23/_	19 <u>.50</u> , and	that dea	th accurred	at 25	M, fram	the causes a	nd an the	e date		
	220 SIGNATURE	V. lueri	ua	u	M.E	ATTENDING	☐ M	ED.	STAFF PHYS X			22ь	DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	(1				22d. ADDRES	S						
	THAME (Type)	V. Juerman	, M.	D.			Sa	alisbu	iry, Mary	land			
230	BUNAL, CREMATION	N, 23b DATE THEREOF		23c NAME OF CEM	ETERY OR C	REMATORY			ATION/(City, town)			(Stote)	1
	SECTOVAL (Specify)	9=7	600	1mon	n X	aren		1	eleste	un	,	me	
24	FUNERA DIRECTOR'S	SIGNOURE		ADDRESS /	·		25o. REC	D BY REGIS	TRAR 25b. REG	SISTRAR'S	GNATL	RE	
	1240	Das M	-13	elect	_		DATE	OCT 4	'60	antifo	8 1	Cara	



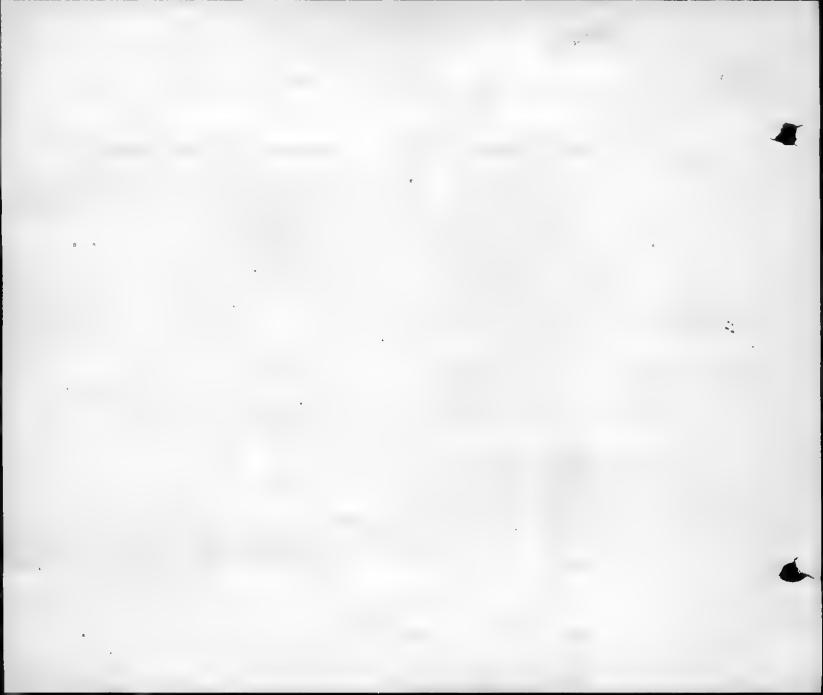
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

death, Page 4

VR ATE (4) 15M II/59

TO HOSPITAL

	10	0839	T+om	CERTIFIC	CATE	OF DEAT		MARTLAND		10831
1.	PLACE OF DEATH		2.000				(Where decease	d lived. If institution	n Residence befo	re admission)
1	o. COUNTY	amico		MARYLA	ND	a. STATE	vland	b. COUNTY	Wicor	ni co
	b. CITY OR TOWN (If	outside corporate lim	ils, write c L	ENGTH OF STAY IN	1b		,	orate limits write RL		
	RURAL and give neo				- 11 1	n_ e.a				
-	d. NAME OF HOSPITA		give street addre	essì		d. STREET ADDRESS	sbury			e. IS RESIDENCE
	OR INSTITUTION	, ,		111 -	-, 1	and the same of	ke Str	eet		ON A FARM?
	PENINS!			1105 pila		Penins	1/1///9	7977]/He	STOVE A	
	NAME OF	Fi		Middle	2) / / / Ldst / / /	OF	40	1/7//////	
	(Type or print)	Harris	son	В.		ARSON.	S' DEATH	9	ાં લ	1700
5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	Hours Min
	Male.	Negro	WIDOWED [DIVORCED (o F	ebuary 1	.1888	72 77	Motims Days	riours Milli
10o	JSUAL OCCUPATION	(Give kind of work	done 10b. KIND	OF BUSINESS OR	NDUSTRY	11 BIRTHPLACE (SI	ate or foreign (country)	12 CITIZEN O	F WHAT COUNTRY
	Sub Stati					Mary	Land		U.S.	A -
	FATHER'S NAME	OIL OIGH	1 447		14	. MOTHER'S MAIDE				<u> </u>
	T.c	ouis	Parson	2.0		Charol	otto	Dash	1077	
45.	WAS DECEASED EVER			AL SECURITY NO.	17, INFOR		-6006	Addre		1
	s, no, or unknown) [IF	yes, give wor or dates of			71 -	4: p	L _ A	1 6-	04 0	1.0.100
=/	No				MOUN	ue land	1000	- Jaka	XV. XCX	wery 711
	IS. CAUSE OF DEAT		ouse per line for	(o), (b), and (c).]						ERVAL BETWEEN
	PARI I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c		Recen	de				3	zerka
	144"	DUE TO		_						
	Conditions, if on		1	yperler	nae	me C. V	Da	co-pe-an		
	gave rise to im cause (a), stating th	mediate (Duc 70	1	, ,						3.65
	lying cause ast.		Ras	Bleac	. 70	hypreste	There	+ Brech	0.2	and seem
Z	PART II OTHE	R SIGNIFICANT CON	<u> </u>	RIBUTING TO DEAT	BUT NO	PLATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	N PART 1(a)	IP. WAS AUTOPSY
CERTIFICATION							- 1			PERFORMED?
IFIC	20a ACCIDENT WAS	UNDERLYING (7)	20b. DESCRIBE	HOW INJURY OCC	URRED. (F	nter nature of injury	in Port I or Po	rt II of item 18.)		130 [] 100 [
ERT	20a ACCIDENT WAS OR CONTRIBUTING [[IF EITHER, NOTIFY N	CAUSE OF DEATH			omes, (c	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
	20c TIME OF INJURY	<u> </u>	2004 #11110	V OCCUPATED 20	DIACE	OF INJURY (Home,			15	154-1
MEDICAL	Hour a.m.			Y OCCURRED 20 Not while	factory	, street, office bldg.,	etc.)	y or town;	(County)	(State
ME	p. m.	19	al wark 🗌	of work						
	21. I certify that	(I) (I his hospita	I) attended t	the deceased fr	am	2.0/	19.60 .ta.	9/20	19600 H	at (I) (we) las
	saw the decease	d alive an	9/20	196 Cand th	nat deat	h accurred at		the causes and		
	22o. SIGNATURE		_	1 1			1			22b. DATE
	711	WHA .	1/2	11.11	Мр	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		9/2/SIGNE
	22¢ PHYS CIAN'S			unity (5	22d. ADDRESS	DIRECTOR L	77113.		1001/6
	NAME (Type)									
-	J	0.00	- T							
23c	BURIAL, CREMATION REMOVAL (Specify)	23b DATE THERE	OF 23d	. NAME OF CEMETE	RY OR CE	EMATORY	23d LOCA	ITION (City town, o	r county)	(Stote)
	Burial	19/23/	1960		acre	4		Lisbury	M	d.
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS /	0	N	EC'D BY REGIS	_	TRAR'S SIGNATU	
(linton ?	Ja X tel	vart.	Salex	lin	DATE	SEP 2 8 '8	O CINC	hun I. Hear	A



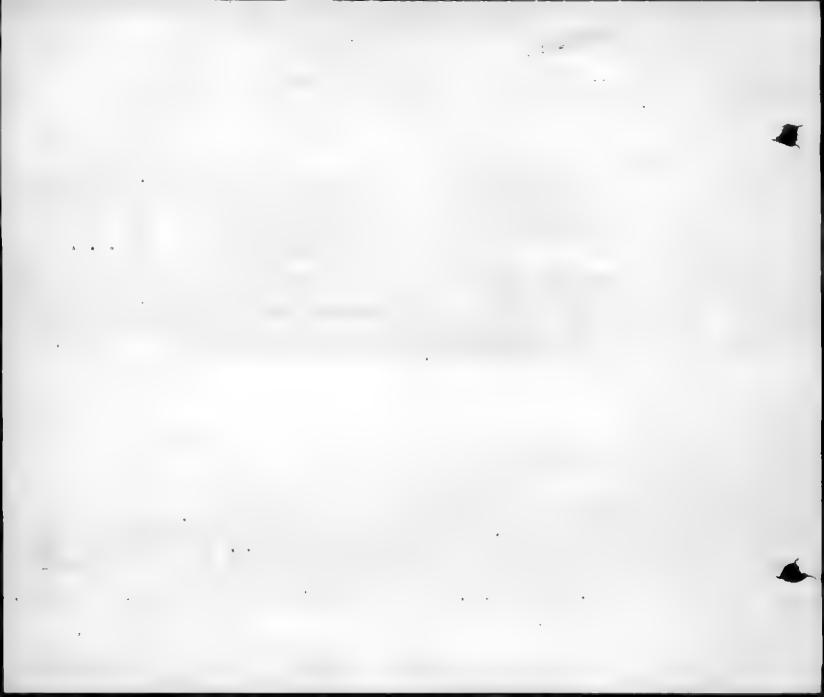
VR A15 (4) 1SM 9/59

10840

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10832

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased		Residence before	re odmission)	
o. COUNTY	Wicomico	1	MARYLAND	o. STATE Mary	land	b. COUNTY	Vicomico		
b CITY OR TOWN (III RURAL and give ne	outside corporate limits, w	rite c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If outside corpo	rote limits, write RUR	At and give ned	rest town)	
Salisbu		109 d	avs	Sali	sbury				
d NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give s	treet oddress)		d. STREET ADDRESS				e IS RESIDER	NCE
Deer	s Head State	Hospital		Jersey	Road			YES N	
3. NAME OF DECEASED	First		Aiddle	Lost	4. DATE	Month	Da	y Yeor	
(Type or print)	Hatti	е		Pearson	OF DEATH	Sept	. 12	196	60
S SEX	6. COLOR OR RACE 7.	MARRIED 🔀 NEVER A	AARRIED B	. DATE OF BIRTH		9. AGE (In years IF	UNDER TYEAR	IF UNDER 2	4 HR5
Female	Colored with	OWED DIV	ORCED [August 30	1874	lost birthdoy) A	Aonths Doys	Hours	Min
10a. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	106 KIND OF BUSIN	IESS OR INDUST	RY 11. BIRTHPLACE (SI	ote or foreign co	ountry)	12. CITIZEN OF	WHATCOU	NTRY?
Domes				Virgi	inia		U.S.	. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
Willia	m P:	າກໄປຕາ		Jose	phine	Joh	nson		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURIT	Y NO. 17 IN	ORMANT	- Total -	Address			1
No	ii fas. gree nor or ourse or service)		50-	2. 8 shul	20h	た べき	Serse	V Roa	A
	TH [Enter only one cause p	per line for (o), (b), on	nd (c).]	1		deliste	1910 INY	RVAL BETW	EEN
PART I. DEA	TH WAS CAUSED BY-	Carcinoma	of left	breast wit	th cene	ralized /	ONS	ET AND DE	ATH
11110	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Carcinoma of left breast with generalized 2 yrs. DUE TO metastases.								
Conditions, if or	u which \								
gove rise to in	n mediote (DUE TO					-			
lying couse lost.	the nudet-								
	ER SIGNIFICANT COND.TIC	ONS CONTRIBUTING T	O DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEAS	E COND TION GIVEN	LIN PART 1(c) 1	9. WAS AUT	OPSY
ATIO								PERFORME	ED?
200 ACCIDENT WA	S LINDERLYING TI 20h			otic cardic				1123 36 14	<u>~ []</u>
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
20c. TIME OF INJURY		0d. INJURY OCCURRE	D 20e. PLA	CE OF INJURY (Home, fr ary, street, affice bldg.,	arm, 20f. (City	or town)	(County)		(State)
p. m.									
21 I certify tha	t (l) (this hospital) at	tended the deced	osed from	May 26	1960to_	Sept. 12		at { (we)) last
	ed alive onSep								
220 SIGNATURE	1/1			8:	15 A.M.			22b D/	ATE
	V. Juerue	au.	N	D. ATTENDING	MED DIRECTOR	STAFF PHYS D		9-13	GNED
22c. PHYSICIAN'S NAME (Type)	4			22d. ADDRESS					
7 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V. Juerman,	M. D.		Deer's	Head St.	ate Hospit	al; Sal	isbury	r.Md
23a. BURIAL, CREMATIO	N, 23b, DATE THEREOF	23c NAME OF	CEMETERY OR			TION (City, town, or o		(State)	
burial (Specify)	9/17/196	O Gree	en_Acr	Pd	Sa	lisbury	1/	d.	
24 FUNERAL DIRECTOR'S		ADDRESS	11.1		EC'D BY REGIST	RAR 25b, REGISTR	AR'S SIGNATUI	RE	
Chief w 7	Atille	1 do	Vinla	A GALLY DATE	SEP 2 0 '6	io and	un S. Kran	uL	
				7-11/4					





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

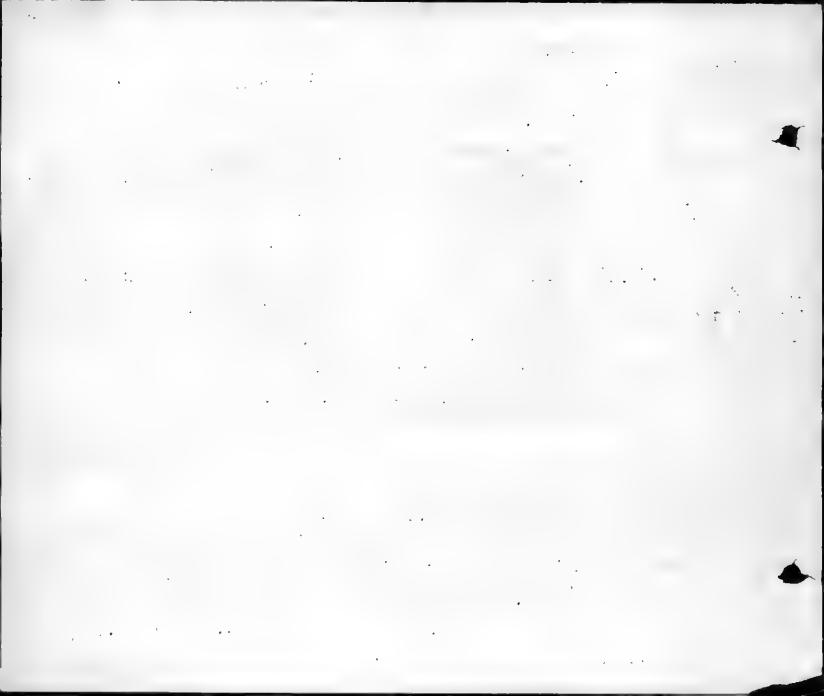
10834 CENTIFICATE OF BEATH

		10863 CERTIFI	CATE OF DEATH	Reg. Dist. I	No.
)		LACE OF DEATH	2. USUAL RESIDENCE (Where decease of STATE	b. COUNTY Talka	pefore admission)
	ا رسال	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Mg 113	The c. CITY OR TOWN (II) outside corp	porate limits, write RURAL and give	nearest fawn)
G		NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	JOY ;	e IS RESIDENCE ON A FARM? YES NO
	-	NAME OF DECEASED Type or print) E+/2 BOOKE	POSE 4. DATE OF DEATH	encol. our	Day Year
	5 5	THE REAL PROPERTY OF THE PROPE	1 1 2 2 2 2 2	9 AGE (In years lest birthday) Months Day	ys Hours Min
		USUAL OCCUPATION (Give kind of wark done during mast of working life, even if retired)	NDUSTRY 11 BIRTHPLACE (State or foreign	country) 12. CITIZEN	OF WHAT COUNTRY?
	13.	Sharles Boows	14. MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME ALDE	erda Johnson	S
	15. (Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 100, or unknown) [If yes, give wor or dates of service]	McNichel L. Thems	Address October 19	d Md.
		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART + DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate	Hemmontage		NTERVAL BETWEEN PART AND DEATH PART AND DEATH PART AND DEATH PART AND DEATH
	7	lying cause last DUE TO William Sul	irate Neart	•	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		SE CONDITION G VEN IN PART 1(d	PERFORMED?
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Pa		
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20d Not while at work at work at work	e. PLACE OF INJURY (Home, form, 20f (Ci factory, street, office bldg., etc.)	ty or town) (Cour	nty) (State)
y		21. I certify that lattended the deceased from that alive an 1964, and that de	ath occurred at 17 M, from	120, 1904that I last so the causes and an the d	
		ACTUAL SIGNATURE / 15 - 1 16 - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.D Steam	Street, city or Jown, state)	DATE SIGNED
		PHYSICIAN'S # S. KUH 772 2 7	<u> </u>	721	
12	13	BURIAL, CREMATION 22b. DATE THEREOF 22c NAME OF CEMETER SEMOVAL (Specify)	RY OR CREMATORY 22d. LOCA	ATION (City, town, or county)	(State)
74	23 /	FUNERAL DIRECTOR'S SIGNATURE REVINEE L. Newman, Jan Earte	N Md DATE SEP 2 9	STRAR 26. REGISTRAR'S SIGNA 60 Cirllun S. H	

r death. Page A TO HOSPITAL MATERIAING RIPSICIAN: The law requires that the disath certificate bill exacuted within 24 hauring an attending physician.

TO FUNIERAL BIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S8



T.

10805

1. PLACE OF DEATH a. COUNTY W 1	comico		MAR	YLAND	2. USUAL RESIDENCE (WI	-	d lived. If instituti b. COUNTY		efare admission)
b. CITY OR TOWN (IF		ls. write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF		rate limits write R	URAL and give	negrest town?
RURAL and give need Delma	arest tawn)	,	-	rs	Delmar	•		GIOTE GIVE GIVE	
d. NAME OF HOSPITA	East	Street of			d. STREET ADDRESS 304 Ea	st St	reet		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	Fi	rsit	Midd	le	Last	4. DATE OF	Mon	ith	Day Year
(Type or print)	Gert	rude	Ell	en	Poulson	DEATH	Sep	t. 15	19 60
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	RIED 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)		AR IF UNDER 24 HR
Female	White	WIDOWE	DIVORC	ED 🔲 🕽	Feb.13,188	3	72 yrs.	Manths Day	rs Hours Min,
10a. USJAL OCCUPATIO	N (Give kind af warking life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
At Hom		'	Home		Laurel	Del.	<u> </u>		USA
Can am - h	TITL #	A .			Tra lass as a				
Greensb Is. WAS DECEASED EVER			SOCIAL SECURITY N	0 17 INF	Unknowi ORMANT	1	Add	ress	
(Yes, no, or unknown) {I	yes, give war or dates of :	ervice)			oris Green	, Deli			
No.	TH Enter only one co		None		or re dieem	, DeTI	mer. * Mer	ryland	NTERVAL BETWEEN
PART I. DEAT 20. Conditions, if an gave rise to im	TH WAS CAUSED BY- IMMEDIATE CAUSE (c DUE TO Ty, which The mediate (C)	i) >			who Read	disen	wanthy	le le le	2 slags
cause (a), stating t lying cause last.	ne under-	1							
PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART 1(c	19. WAS AUTOPS' PERFORMED? YES NO F
PART II. OTH	□ CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Par	t II of item 18.)		
ZOC TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Not while t of work	20e. PLA	CE OF INJURY (Hame, farr ary, street, affice bldg., etc	n, 20f. (City	ar tawn)	{Caun	ity) (State
21 I certify that		l) attend			eath occurred of	75			that (I) (we) la
22a. SIGNATURE	est m	Lar	m		ATTENDING M	ED IRECTOR [STAFF PHYS		9/16/5 DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	E.M.	I.AR	MORE		22d. ADDRESS	CMA	s De	P C.	11 700
230 BUR AL, CREMATION BURIAL (Specify)	9-18-		23c NAME OF CE	METERY OR	CREMATORY		TION (City, town,		(State)
24 FUNERAL DIRECTOR'S	S SIGNATURE	•	ADDRESS /)			'D BY REGIST	TRAR 25b. REG	STRAR'S SIGNA	TURE
11.8 Ju	and 1	10,-	NO,0	me-	LO DATE	EP 1 9 '8	60 a	allun S. H	and

death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 70 haurs ofter death. **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hour TO HOSPITAL

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND A
HEALTH DEPT.	1. PLACE OF DEATH 8 2 3
Washing Start,	a. COUNTY WICOMICO MARYLAND b. COUNTY WICOMICO MARYLAND C. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
S S S S S S S S S S S S S S S S S S S	write RURAL and give nearest town) Salisbury d NAME OF HOSP, TAL OR (INSTITUTION (If not in hospital, give street address) of NAME OF HOSP, TAL OR (INSTITUTION (If not in hospital, give street address) of STREET ADDRESS of STREET ADDRES
the funer retained he State death.	706 Howard St YES NO WANTED ST. YES NO WANTED ST. YES NO WANTED ST. NAME OF ST
ar death. and 3 to may be 2 with th ours after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED BOOMVORCED June 5.1960 9. AGE (In years F UNDER 1 YEAR F UNDER 24 Hrs.) Months Days Hours Min. Mo
Braus affe age 1, 2, 3. Page 5 ges 1 and thin 72 h	10a USUAL OCCUPATION (Giva kind of work done during most of working life, avan if retired) None None Seliabury Karyland USA 13. FATHER'S NAME
18. Rive P. Trive P.	Ray Bennett Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyosgiva warordalas of service) None None None Nargaret Ellen Shockley 16. Social Security No. 17. INFORMANT 17. Ray B. Robinson (Father) 706 Howard St None Salisbury, Maryland
be exempted encil in them as along with the second in the second in the second in and it is an all it is al	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO
ading" in plants and a sea buria	Conditions, if any, which geve rise to immediate cause [a), steting the underlying DUE TO (c)
his certification word "period by use lid be use remation."	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ia) 19. WAS AUTOPST PERFORMED? YES NO 20a. EXTERMAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18)
g the g the state of the state	E CAUSE OF DEATH.
writing the Charles or to buri	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (Giry or town) (County) (State) 1.25 Phour a.m. 9-2019 at work at work at work at work at work
AL E	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes Accident X, Suicide A, Homicide A, Undetermined manner
vorth Enical secula the certil id be forwarded i TERAL DIRECT lesignated agent,	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPUT-MARCUTE MESHOULD BE forw FUNERAL DI its designated	EXAMINER'S Dr. E-rl L. Rover DEPUTY MEDICAL EXAMINER X Sept. 2/ /196 NAME (Typa) 407 Canden Ave. Dishipy Nd. Address (Streat, c'ty, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) (State)
0 = 40 p	Burial Sept. 23, 1960 Parsons Cemetery Salisbury, Maryland 23. FUNERAL DIRECTOR ADDRESS 246. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	HOLLOWAY & COMPANY SALISBURY MARYLAND DASEP 26'60 Onthe & House
1/410	2082285XV4



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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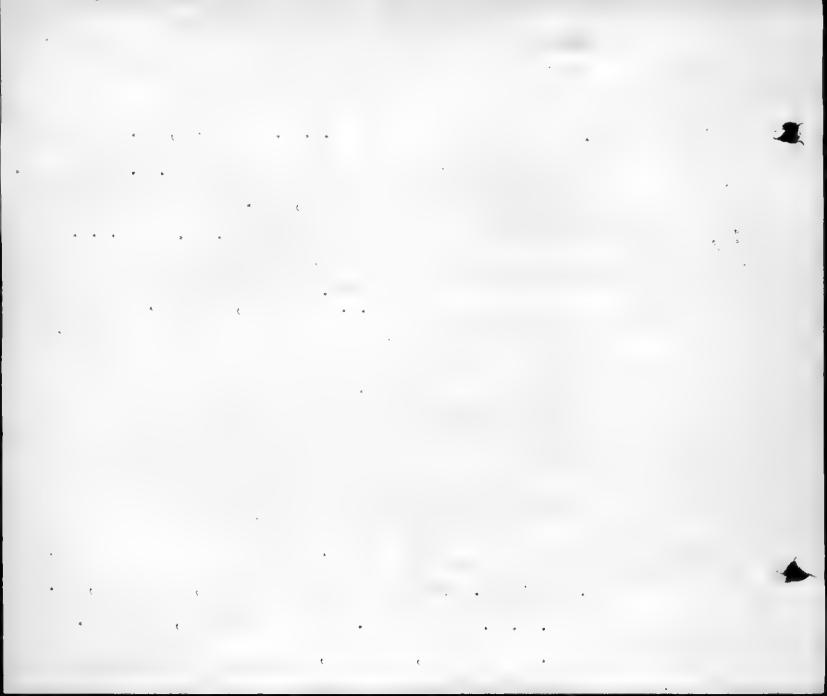
		10900	CERTIF	ICAIL	OF DEATH				Teggo
	LACE OF DEATH	Wicomico	MARY	LAND 2	o. STATE Nary	ere deceased lived. Land	If institutions COUNTY W	Residence befor	e admission) O
t	EURAL and give ne	foutside corporate limits, parest town) NO.	write c. LENGTH OF STAY	IN 1b	Fruitle:		iits, write RURA	AL and give nea	rest town)
Me	HINSTIPE	AL (If not in hospital, give	street address)		d STREET ADDRESS R. D. 1.	Salisbu	ry, M	d.	ON A FARM?) YES NO
3. 1	NAME OF DECEASED Type or print)	Bertha Fini	Lillian Middle		Ruark	4. DATE OF DEATH	Sept.	6. Day	Year 6
5. \$	Female Female	UNATE A	MARRIED NEVER MARRI	ED B. C	arch 5,18	89. 7. AG	birthdoy) M	of this Days	Hours Min
10a	during most of work	ON (Give kind of work don ing life, even if retired) WIIC	At Home	R INDUSTRY	Wicomic	494 9		U.S.	WHAT COUNTRY
13.	John	Wesley Owe	ns			th Elli			
15. ¹ (Yes,		R IN U. S ARMED FORCE (If yes, give war or dates of service	5? 16. SOCIAL SECURITY NO		MYS. Robe D. Salisb	r c Pruitury.Mar		ghter)	
CATION	Conditions, if o gove rise to it cause (o), stating lying cause lost. PART II. OTH	mmediate DUE TO	1000 CONTRIBUTING TO DE	aclassia No.	cleroe	INAL DISSESSE CON	DITION GIVEN	IN PART I(a)	2 m/B WAS AUTOPS' PERFORMED? YES NO!
L CERTIFI		MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY O			т.			
MEDIC	Hour a.m.	Y Month, Doy, Year 19	20d. INJURY OCCURRED While Not while at work at work	factor	OF INJURY (Home, farm y, street, office bldg., etc	.) 20f. (City or low	'n)	(County)	(State
	saw the deceas		ottended the deceased		th accurred of 2;				stated above
	22c PHYSICIAN'S	May B	Smith	M C	ATTENDING MAD D	ED. STA	FF 'S.		22b. DATE SIGNE
230	NAME (Type) BJRIAL, CREMAT C	Dr. Willia	B. Smith	ETERY OR C	Medical	Center			
	Buy14Tur	Sept. 9	.60. Red Mer		•	Dagsbo	ro, De	lawar	
24	FUNERAL DIRECTOR	s signature	Salisbury,	Mary		D BY REGISTRAR		AR'S SIGNATUI	RE

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death. ATTIMING PHYSICIAM: The law requires that the death certificate be executed within 24 llaur TO HOSPITAL

VR A15 (4) 1SM 9/S9

death. Page 4



death. Page 4

ATTENDING EHYSICIAN: The law requires that the death certificate be executed within 24 haur

10844 Ito	CERTIFICA	TE OF DEATH	1			
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (V	/here decease		n: Residence before	admission)
WICOMICO	MARYLAND	Maryla	nd	P COUNTY	nce Georg	e¹s *
b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpo	prote limits, write RL	IRAL and give neare	st town)
Salisbury	2038 days	Colleg	e Park		100	1
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			ė	IS RESIDENCE ON A FARM?
	SPITAL	1 4708 I	ndian	Lene		YES NO NO
3. NAME OF First	Middle	Lost	4. DATE OF	Mont	h Day	Year
(Type or print) Jessie	Emma	Sheehan	DEATH	9	23	1960
S. SEX 6. COLOR OR RACE 7 MAR	RIED MEVER MARRIED	B. DAJE OF BIRTH		9 AGE (In years lost birthday)	Manths Days	
F W widow	LED TO SUPPLIED TO	6-26-94		66 yrs.	Mullins Ddys	Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stol	e or fareign (country)	12 CITIZEN OF V	VHAT COUNTRY?
Horassiete		67	72111	27.6	6,5	. A -
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Williard Durid		8172777	a C	200/11		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service,	SOCIAL SECURITY NO 17.1	NFORMANT	^	Altor	Brackens	6 2224
1718 .	164-22-4462	Mruly C.	30440	· Colle	PK m	d
1B. CAUSE OF DEATH [Enter only one cause per li	ine far (a), (b), and (c).]		-0		INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Subtotal occlus	sion of left	corona	ry artery		30_min_
DUE TO						
Canditions, if any, which } {bl						
gove rise to immediate DUE TO						
lying couse lost. (c)						
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
5 Diabetes Melli	itus and Adeno	carcinoma of	colon.			YES 🔀 NO 📋
Part II OTHER SIGNIFICANT CONDITIONS Diabetes Melli 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury i	Port I or Po	rt II of item 1B.)		
20c TIME OF INJURY Manth, Doy, Year 20d. While p. m. 19 of wo	L.	LACE OF INJURY (Hame, for actory, street, office bldg., e	rm, 20f (Cit	y or town)	(County)	(Stote)
p. m. 19 of wo	INDEWINE					
21 I certify that (I) (this hospital) atten-	ded the deceased fram,	2/24	9.55 la	9/2	3 19 60 tha	t (I) (we) lost
saw the deceased alive on 1 9/2			M, fram	the causes and	d an the date s	stated above
220 SIGNATURE	n	6:2	O a.m.			22b, DATE SIGNED
V Mel	ly	M D. PHYS	MED DIRECTOR	PHYS K	9-	23-60
22c PHYS CIAN'S NAME (Type)		22d. ADDRESS	eer's	Head Stat	e Hospita	1
	L. V. Maldve,	M. D. S	alisbu	ry, Md.		
23a BUR A., CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCA	TION (City, town, o	or county)	(5tgte)
BILLICE 9-26-60	-11011 disk	bulantes	156	rderestres	74 MKIN	164720/ -
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	1100 1/1 250 BE	C'D BY REGIS	/	TRAR'S SIGNATURE	
Elillit harreluza 60 "	I WE WE ZELL (C)	DATE	CED 2 8	60 CL	other of these	Δ

may be remothed by the hospital or attending plysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and peak, within 72 hours after death. TO HOSPITAL VR A15 (4) 1SM 9/59



B. IS RESIDENCE

Hours

ON A FARM?

Year

19 60

Min

YES NO TO

Md.

INTERVAL BETWEEN ONSET AND DEATH

md.n.

PERFORMED? YES 🔛 NO 🗌

(State)

-19-60

(State)

Kent.

Days

(County)

USA

2 VR A15 (4) 1SM 9/S9

director,

eral

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pup

physician

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gned

certificate

DIRECTOR

FUNERAL

that the death certificate be executed within 24

ن پرلائ تعدید

orment 9/21/60

	111ste				11 01 0				R	eg. Dist. N	No.	
1. PLACE OF DEATH	*************************************				2. USUAL RESIDE	NCE (WI	nere deceased			Residence b	efare adm	ission)
a. COUNTY	comico		MARY	LAND	a. STATE	O 20177	le nd	b. (COUNTY	i.com:	ico	
b. CITY OR TOWN (II	outside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c CITY OR TO		104	rate limit				wn)
RURAL and give ne					¥ ~	,	d					
Sharnton	NY) AL (If not in haspital, s	ive street	l life	-	d. STREET AD		ptown				I S P	ESIDENCE
OR INSTITUTION			S+.		Stat		Scho	07	St.		ON	A FARM?
3. NAME OF	Fi		Middle		Lost		4. DATE		Month		Doy	Yeor
(Type or print)	HARTI	777	A T.PHON	TOO	SPEAR		OF DEATH		Sept			19 60
S. SEX	6. COLOR OR RACE	_	HED BE NEVER MARRI	2 2 2	DATE OF BIRTH			9. AGE (AR IF UN	DER 24 HRS.
- SEM						-	1	last b	rthday) M	onths Day		
ma le	white	WIDOWI	· -		Jan. 2	5	1893	6.7	угъ.	10 017175	. 05	
100 USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLA	E (Stole	ar tareign ca	ountry)		12. CHIZEN	OF WHA	AT COUNTRY?
commerci	al fishe	em n			Ma	rvl	and			U	. S.	
13. FATHER'S NAME					14. MOTHER'S N	AIDEN N	NAME					
Joseph V	W. Spear	c			Alpha	Α.	McWi	771	ams			
15. WAS DECEASED EVE	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT	77.	172011	- AL - AL - CA - C	Address			
Yes, no, or unknown)	If yes, give war or dates of		70 07 404		A) Marin	Too	o lo W	CI.	m 0 0 70 6		h	+ 0.11110
10 01165 00 051	was fe		19-03-400		N.F.	<u> 108</u>	enh W	<u> </u>	near/		harp NTERVAL	
	TH WAS CAUSED BY:	ouse per III	ne for (o), (b), and (c).	100	./					C	INSET AN	D DEATH
/ NAT II. DER	IMMEDIATE CAUSE (<u>, C</u>	ronary	0	t, elliver	V					afor be	· 19-52 ·
47 2V	DUE TO)	c. al.	1	*			•				
Conditions, if a	ny, which)	ı Wr	Teren 5 C	~ (J/ E	ases					<	5 4.	X 4471
gaye rise to it	nmediale (DUE TO											
tying cause lost.		:)										
Z PART II. OTH			CONTRIBUTING TO DE	ATH BUT I	OT RELATED TO T	HE TERM	INAL DISEASE	CONDI	TION GIVEN	IN PART 1/g	19. WA	SAUTOPSY
CATIO											PER	ORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	(Enter nature of	injury in	Port 1 or Part	11 of ile	n 18.)			
			NJURY OCCURRED	20e. PLA	CE OF INJURY (He	ome. farm	n, 20f. (City	or town		(Caun	uvl	(State)
Z 20c. TIME OF INJUR Hour a. m. p. m.	19	While	Nat while		ary, street, affice l			- 10,		(CONT	173	farmet
p. m.	17	of wor	k at wark									
21. I certify/th	at I attended the	deceas	ed from Sta	bee	195 4.	10_	1.0/ =	367	19234	hat I last	saw th	e deceased
alive on	730	129	ond that	death	occurred at	1.451	4.M. from	n the c	auses and	on the	date sta	ited above
		12 1	, ,				ADDRESS (St					DATE SIGNED
ACTUAL .	55 /1412	11/18	1- Man-	· .	. ×	1/1	1. 4 /2	7221	20		1	9/1 60
SIGNATURE	1	1		^	1.D		a alta alta a la alta a	- E-				
PHYSICIAN'S NAME (Type)	Dr. H	on 196 Deale	ÁS. Kuh	lman			Sharr	tow	n Jud			
220. BURIAL, CREMATIO	N, 226. DATE THERE	ÖF	22c. NAME OF CEM	LETERY OR	CREMATORY		22d. LOCAT	ION (Cit	y, tawn, or c	ounty)	(51	ole)
Burial	Oct.2.	1960	La.vlo	rts	Cemeter	V	Sh	arn	town	Man	บไล ท	a
23. FUNERAL DIRECTOR			ADDRESS			0	D BY REGIST		46. REGISTR			-
Smith F	unerd		Sharpto	21111		DATE (60	-		-	
- 114 L VAL J.	WITCH OF TH		~119(T.1) r(JWII.	E 2	PAIR W	- T	UV	Class	Ling & f		

fer death. Page 4 may be retain the haspitat or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the se funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours other death.

ATTENDING PHYSICIAN: The law mayires that the death certificate be axacuted within 2" hour

TO HOSPITAL VS A1S (4) 15M 9/55



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OF	STATISTICAL	RESEARCH	AND	RECORD)5 —	BALTIMO)RE
	CFI	RTIFIC	ΔTE	OF	DEA	ATH	

e (/	The continents of bearing
₹ V	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 9. STATE 9.
8	o. COUNTY MARYLAND STATE Maryland b. COUNTY WICOMICO
(M)	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	RURAL ond give nearest lown) Salisbury
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM?
120	Peninsula General Haspital 502 Washington Street, YES [NO]
02	3. NAME OF DECEASED (Type or print) Joseph Howard Taylor Lost Death September 6 19 6
	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (fn years 1 FUNDER 1 YEAR 1F UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
	Mile White WIDOWED DIVORCED Dec. 7. 1902. 57 yrs.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? LIMBER COMPANY 13 BIRTHPLACE (Stote or foreign country) 14 CITIZEN OF WHAT COUNTRY?
	Lumber Company Wilmington, Del. U.S.A.
	13. FATHER'S NAME
	Joseph Taylor , Lydia Lank
	Is was DECEASEDEVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Mrs. Grace Taylord Wife)
	502 Washington, St. Salisbury, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY LONG MAKEY & CELLENGER LANGE
	DUE TO
	Conditions, if any, which (b)
	gove rise to immediate couse (a), stating the under-
	lying couse lost. (c)
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z
₹.,	YES NO Z
	20a. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o. m. While Not while of work of twork of twork of twork of twork of two
	21 I certify that (1) (this haspital) attended the deceased fram. 9/29
- 1	saw the deceased alive an III - 19 and that death accurred at I.M., from the causes and an the date stated abave.
1	22b DATE
	ATTENDING MED. STAFF SIGNED M.D. PHYS. DIRECTOR PHYS.
	22c PHYSICIAN'S 22d. ADDRESS
	NAME (Type) (Dr. F.R. Gramse S. Div. St. Salisbury, Maryland,
)	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
h.	Burial Sept. 9.60. Parsons Cem. Salisbury Maryland.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
	Holloway & Co. Salisbury, Maryland. DATE SEP 13'60

TO HOSPITAL VR A1S (4) 15M 9/59

ATTENDINE EMYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4



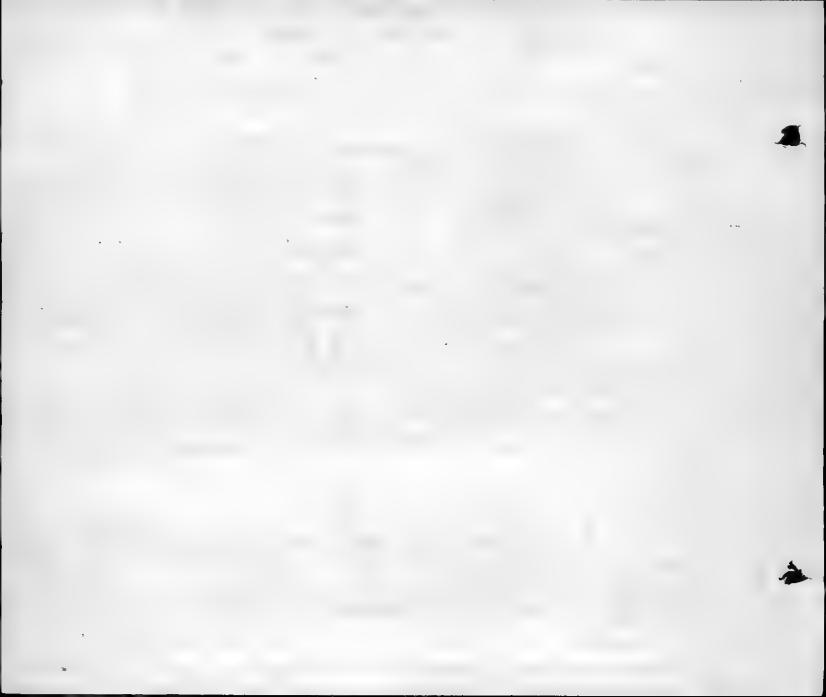
may be reto

VS A1II (4) 15M 9/55

10843

Reg. Dist. No.

1.	PLACE OF DEATH	0		MARYL	AND	2. USUAL RESII o. STAJE IVI d	DENCE (Wh	ere decease		OUNTY	comi		re admiss	ion)
	BURAL ON TOWN (I	outside corporate lin	iits, write	50 years		c, CITY OR 1	וסשא (If a גווים T	•	rote limits. .rde]		URAL ond	give nec	arest town)
	d. NAME OF HOSPIT OR INSTITUTION LLUTS	AL (If not in hospital,	-	- U		d. STREET A	DORESS	Marl		- Cl				FARM?
3.	NAME OF DECEASED (Type or print)	Katie	irst	Middle Ellen		Ta lo:		4. DATE OF DEATH	Se	Mon	th	5	•	Year 1960
5.	SEX F	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		June		1874	9. AGE (1 los) bit		IF UNDER	Days	IF UNDE	R 24 HRS Min.
100	during most of work	N (Give kind of work inguite, even if retire	done 10b.	None	RINDUS	TRY 11, BIRTHPL	ACE (State	or foreign c	ountry)			J.S.		COUNTRY
13.	FATHER'S NAME		,			14. MOTHER'S	MAIDEN	AME			-1			
	George	Washing.	ton G	Fillis		Mara	ret	t Hor	'sema	n				
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT				Addr	ess			
ľ	n, no, or unknown)	(If yes, give war or dates of	1614(CS)	Mone	1	ars. Ha	arry	Bank	S n	FD.	Nar	de]	a.	. d.
RTIFICATION	Conditions, if o gove rise to it coess (a), stoling lying couse lost.	rha <u>under-</u>	O b) O (c) NOITIONS (CONTRIBUTING TO DEA	TH BUT	ector	THE TERMI	INAL DISEAS	E CONDIT	ION GIV		RT 1(o)	PERFO	AUTOPSY PRMED?
MEDICAL CERTIFICATION		MEDICAL EXAMINER) Y Month, Day, Y 19		Not while	20e. PLA fac	CE OF INJURY I	Home, form bldg., etc	, 20f. (City	y or fown)		((County)		(Stote)
22	21. I certify that I attended the deceased from 12 , 19 5 7 to 9 5 , 19 60, that I last saw the decease alive an 19 60 , and that death accurred at 7:25 P.M., from the causes and on the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22. NAME OF CEMETERY OR CREMATION, REMOVAL (Specify) Sent 8-60 Firemens 23. I certify that I attended the deceased from 19 57 to 9 57 to													
23	FUNERAL DIRECTOR			ADDRESS			24a. REC'	D BY REGIS		1b. REGIS	STRAR'S SI			
	Smith F	unersi H	ome.	Sharptov	vn.	wd.	DATE C	FP 9	60	a	other a	8. the	ut.	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10844

/\ \	T.0000	40121111101		<u>-</u>	
1. PLACE OF DEATH O. COUNTY W	icomico	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If institution in the property of the country of the countr	on: Residence before admission) NICOMICO
b CITY OR TOWN	(If autside corporate limits, write bootest (swn)	c, LENGTH OF STAY IN 16	Salisb	autside carporate limits, write R	URAL and give nearest town)
d. NAME OF HOS	PITAL (If not in haspital, give street Route # 1.	t address)	Route #	1.	e is residence on a farm? yes \(\) no \(\)
3. NAME OF DECEASED (Type or print)	Neal Fint Cl	inton Middle	Taylor	4. DATE OF Sept	9 Day Year
s. sex Male	White WIDOV	RRIED THE NEVER MARRIED TO	8. DATE OF BIRTH		Honths Days Hours Min
due by the	TION (Give kind af work dane 10kocking life, even if retired)	Canning Plan	ustry 11. BIRTHPLACE (Sto 2t Accoma	c Co. Va.	U.S.A.
13. FATHER'S NAME	George H. Ta		Mary S	mith	(111.0.)
15 WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	S SOCIAL SECURITY NO. 17.	Balisbury,	Mary L. Tax. Md. Route L.	LOF (WITE)
Canditions, if gave rise Ia cause (a), statin lying cause los	g the under-	worden !	Africa	och je u	ONSET AND DEATH
PART II C	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	ST NOT RELATED TO THE TER	minal disease condition giv	VEN IN PART 1(a) 19, WAS AUTOP: PERFORMED? YES NO.
OR CONTRIBUTION	WAS UNDERLYING (1) IG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury i	n Part I ar Part II af item 18 }	
20c. TIME OF INJ	While While		PLACE OF INJURY (Hame, fa actory, street, affice bldg., e		(County) (Sta
saw the dece	hat (1) (this haspital) after ased alive an Action	nded the deceased fram	death accurred of	20 from the causes ar	1964, that (I) (we) load an the date stated above
22a. SIGNATURE	Arrivet J.	frigera-a-		MED. STAFF DIRECTOR PHYS	226. DATE SIGN -196
22c PHYSICIAN'S NAME (Type	Dr. David	A. Gilmore		l Center, Sal	lisbury, Md.
230 BURIAL, CREMAT	Sept 137. 6		or CREMATORY Nem. Park	Salisbury	or county) (State) Maryland.
24, FUNERAL DIRECTO	or's signature ay & Co. Sali	address .sbury, Mary.	5 22 2		ISTRAR'S SIGNATURE

ATTENBINE PHYSICIAN: The low requires that the death certificate be executed within a by the haspital or attending physician.

TO HOSPITAL may be retar

VR A1S

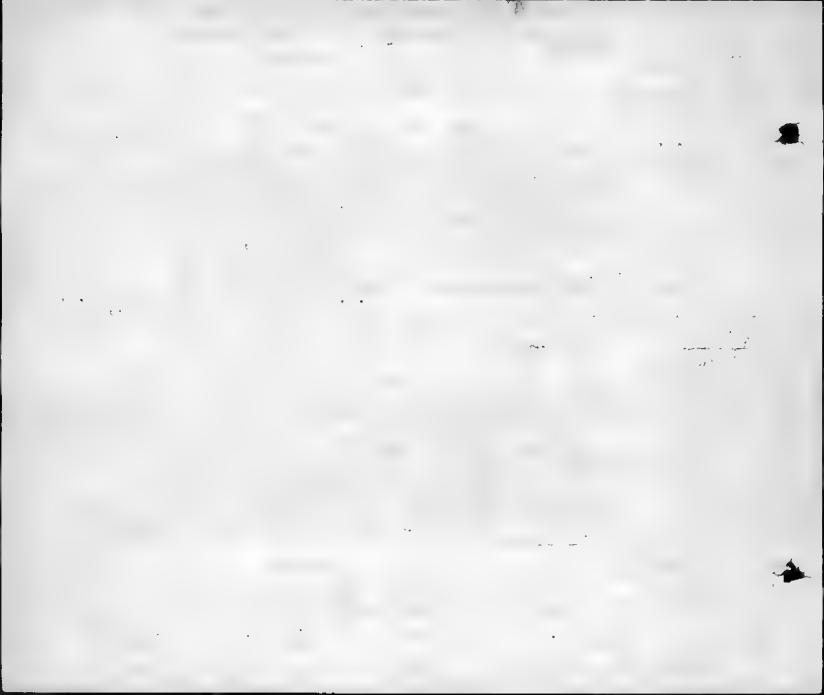


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11151: MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 (1845) Rea, Dist. No.

/ I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
WICOMILEO MARYLAND	O. STATE Neserland b. COUNTY WILLOWILLS
b. CITY OR TOWN (If outs de corporate firmts, write RURAL LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
rujal M Henron -	* Narsonsburg (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
R1D.# 1 Mt Hermon Rd	RAD# 1 Mt Hermon Rd VES NO NO
3. NAME OF First , Middle	lost 4. DATE Month Day Year
(Type or print) Mamel 40	Jahren DEATH Sept. 25 19 60
5. SEX 6. COLOR OB RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yours IFUNDER 3YEAR IF UNDER 24 HRS.
Terrele That WIDOWED TO DIVORCED	1. Seef 1/188 79 yrs. Months Days Hours Min.
100 USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	
during most of working life, even if retired) House work at Home None	Parsonsburg, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Asbury Perdue	Nancy Pailey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wer or doles of service)	s.E.Lester Shockley(Daughter)R.D.# 1
No III.	s.E. Lester Shockley(Daughter)R.D.# 1 <u>Kt Hermon Rd Barsonsburg, Maryland</u>
TB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) Caremonus	of fancteas Prom
/ 5 7 × DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate cause	
(o), stoting the underlying couse fost.	
	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY
ATIG	PERFORMED? YES NO PT
200, EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURRED, (E.	ther noture of injury in Port I or Port II of item 18.)
CAUSE OF DEATH. N/A N/A	and the state of t
	E OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour c. m. N/A 19 White Not white	N/A N/A N/A
21. I certify that I took charge of the remains described above	ve, held on Autopsy . Inspection . Inquiry . ond find the
	ide , Homicide , Undetermined cause .
ACTUAL Kondreil me Pullout	CHIEF MEDICAL EXAMINER T
SIGNATURE DECEMBER ME COULD TO	ASSISTANT MEDICAL EXAMINER [7] Sept- 25, 19 60
EXAMINER'S Kendnck McCullough	DEPUTY MEDICAL EXAMINER D
220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Sept. 28/60 Parsonsburg	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOTTOWAY & COMPANY SALISBURY MAI	RYLAND DATE SEP 27'60 arima & Kinna

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDO ∴ TMEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaesed lived, If institution, Residence before edmiss on a COUNTY **b. COUNTY** Wicomico Wicomico MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate film ts, write RURAL and give neerest town) write RURAL and give nearest town! Salisbury Salisburv d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve straat eddrass) d. STREET ADDRESS . IS RES DENCE ON A FARM? be retained the State B Pen Gen Hospital YES [KNO [3. NAME OF 4. DATE Midda 3 to the DECEASED OF (Type or print) TOADVINE DEATH LORIE MARTE SEPT 19 with 6. COLOR OR RACE 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years (IF JNDER) YEAR IF UNDER 24 HRS Page 5 may 1 and 2 with 72 hours at LNEVER MARRIED last birthday) Hours Female WIDOWED 10a. JSUAL OCCUPAT ON (Give kind of work thin 24 hours after Give Pages 1, 2, orm PM3. Page 5 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salisbury, Maryland None None pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Albert Toadvine Charlotte Laird 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT d be executed with pencil in Item 18. permit. Mr. Theodore A. Toadvine (Father) R.D.# (Yes, no, or unkown) | (Ifyesgivewerordetesofservice "in pencil in Item 18 Office along with fa burial-transit permit Salisbury Maryland 18. CAUSE OF DEATH |Enter only one cause par I no for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Interstitial puenmonitis IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immadiata causa ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer DUE TO (e), sleting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? X. NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Pert I or Pert II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, office bldg., etc.) Hour a.m. Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X and in my opinion Adcident death resulted from: Natural causes VI. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TY DEPUT Philip A. Insley - Tain St. Saldabury, Maryland 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial Parsons Cemetery Salisbury, Maryland 40 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE
SEP 2 0 '60 | Circling & France 23. FUNERAL DIRECTOR VS. A15ME Circhay S. Fires HOLLOVAY & SALISBURY MARYLAND DATE



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) director. Page or your files. a. COUNTY e. STATE b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outs de corporate I mits, C. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside carparete limits, write RURAL end give negrest town) write RURAL and give nearest town) Washington Salisbury Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS a. IS RESIDENCE 1, 2, and 3 to the funeral ge 5 may be retained to and 2 with the State Bo ON A FARM? 2 with the State R. 1503 Crittenden St. Peninsula General Hospital YES NO 3. NAME OF Middle DECEASED OF 9-11-69 (Type or print) Voronoff DEATH Fannie 19 5. SFX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. hours 72 hirthday) 1-26-88 WIDOWED [DIVORCED [1Da USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) USA Housewife Russia in pencil in Item 18. Give Pages Office along with form PM3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zelda ---Joseph B. Spund 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Jacob Voronoff Crittenden St., NW 1503 No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Ē burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: рше days. IMMEDIATE CAUSE (e) Ruptured spleen removal, DUE TO Conditions, if ony, which (b) geve rise to immediate ceuse ю DUE TO (a), stelling the underlying Examiner' 95 cause last. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Auricular fibrillation.
AL CAUSE WAS (206. DESCRIBE HOW NURY OCCURED. (Enter nature of injury in Part I of Part I, of item 18.) NO X 20e. EXMENAL CAUSE WAS PRIMARY OF CONTRIBUTING asse execute the certificate, writing the should be forwarded to the Chief M. FUNERAL DIRECTOR: Pager3 shifts designated agent, prior to byrial, CAUSE OF DEATH. in boat in Ocean City and RED 200. PLACE OF INJURY (Home, farm, 2Df. 1Cfly or town) Slipped in struck chest. MEDICAL fectory, street, office bldg., etc.] Wh le Not While at work et work Worcester Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 3. and in my opinion death resulted from: Matural causes Suicide Homicide T Undetermined manner Accident in CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER [DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Earl L. Royer 9-11-60 EXAMINER'S DEPUT NAME (Type) Address (Street) 1 To Twing Salisbury,
ORY 122d. LOCATION (City, lown, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ohey-Sholom-Talmud-Torah Cem. Hillside, Maryland Q 40 p ADDRESS 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Krous 3501 14th St..NW Rernard Danzansky & Sons DATESEP 1 4 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur fer death. Page 4 may be retained by the hospital ar otherding physician. Funekal Director: After this certificate has been signed by the attending physician and completely filled in by the juneral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed-with the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.	b. CITY OF
Perc 89	OR INS
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurmay be retained by the haspital an otherwise and the second of the haspital and the second of t	3 NAME OF DECEASED (Type or pr
d withigh steely far. Pog	s. sex Male
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 may be retained by the haspital ar ottending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death	Male 100. USUAL C during m 1 OT 3. FATHER'S Mel 15. WAS DEC
be nor or 72	3. FATHER'S
ician iithin) Mel
certific	15. WAS DEC
endii ense ense	18. CAU
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he law physic has bee rial-tra natian,	ICATION
A HOSPITAL ATTENDING PHYSICIAN: The law recommy be retained by the hospital ar ottending physicion. P. FUNERAL DIRECTOR: After this certificate has been spage 3 should be detached for use as the burial-transitive State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematian, or the State Board of Health priar to burial, crematical transfer and the State Board of Health priar to burial, crematical transfer and the State Board of Health priar to burial, crematical transfer and the State Board of Health priar to burial, crematical transfer and the State Board of Health priar to burial, crematical transfer and the Board of Health priar to burial, crematical transfer and the Board of Health priar to burial, crematical transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar to burial transfer and the Board of Health priar transfer and transfer and the Board of Health priar transfer and the Board o	WEDICAL CERTIFICATION ON OON ON
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TO HOSPITAL May be retain TO FUNERAL B Page 3 shaule the State Boar	230 BUR AL, REMOVA DUI
5 5 0 ±	24, FUNERAL
VR A 5 (4)	HOLLO
Thorse	
10000	4.50

1 PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Wico	mico	MARYLAND	o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outs RURAL and give nearest Sali		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Salisbury
& NIAME OF HOSPITAL US	not in haspital, give street Gen Hospit	address)	R.D.# 3(Ocean City Rd) of S RESIDENCE ON A FARM? R.D.# 3(Ocean City Rd) YES NO A
3 NAME OF DECEASED (Type or print)	MELVIN	PAUL	WALKER 4. DATE Manih Day Year SEPTEMBER 15 19 60
	hite widowi	ED BODONCED	Sept. 15, 1960 8. DATE OF BIRTH 1:15 A III 9. AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS Months Poys Hours Min. 9. AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS Months Poys Min.
10a. USUAL OCCUPATION (G during most of working li	ive kind of work done 10b. fe, even if retired)	None	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Salisbury (Hospital) Md. USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Melvin Le	e Walker		Pauline Mae Howard
15. WAS DECEASED EVER IN I {Yes, no, or unknown} (If yes,	J. S. ARMED FORCES? 16. give wor or dates of service)	SOCIAL SECURITY NO.	Programment of the Walker (Father) R.D.# 3 (Ocean City Rd) Salisbury, Maryland
PART I. DEATH W	Enter only one couse per lin AS CAUSED BY. EDIATE CAUSE (o)		Descriptions Least Courts Serveen Onser and Death
Conditions it only we gove rise to immed couse (a), stoting the unity of the couse last.	liote (DUE TO	dynlina	Mimbren Drans, 20. Er
CATIC	GNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES X NO
20g ACCIDENT WAS UN OR CONTRIBUTING II C (IF EITHER, NOTIFY MEDI	DERLYING (1) 206 DES AUSE OF DEATH CAL EXAMINER)	CRISE HOW INJURY OCCURI N/A	RRED. (Enter nature of injury in Part I or Part II of item 18.)
Y 20c. TIME OF INJURY M. Hour o. m. N.	onth, Doy, Year 20d. 11 A 19 While of war	Not while	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) N/A
21 I certify that (I) saw the deceased of	m f	led the deceased fram	m. 115 . 106 . ta 9/15 , 19 , that (I) (we) last the death occurred at 50 M, from the causes and an the date stated abave.
22g. SIGNATURE Willion	n C. Mor	gon	M D ATTENDING MED. STAFF SIGNED PHYS. SEDT. 10 /1960
22c. PHYSICIAN'S NAME (Type)	Villiam Mor	gan	Medical Center-Salisbury, Maryland
230 SUR AL, CREMATION, 2 REMOVAL [Specify] SUTIFIES	opt.17.196		Salisbury, Maryland
24, FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
#OILOWAY &	COMPANY	SALISBURY M	TARYLAND DATE SEP 1 9 '60 Chilms I Known
20000	201111		



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	PLACE OF DEATH		MARYLAND	o. STATE	- h COUNT	Wicomico
1		If autside carporate limits, write	c. LENGTH OF STAY IN 16		ryland.	RURAL and give nearest town)
1	RURAL and give no	earest tawn)		_	alisburv	
	d NAME OF HOSPIT	TAL (If not in hospital, give street	oddress)	d STREET ADDRESS		e IS RESIDENCE
	PENTINSUL	A GENERAL +	HOSPITAL	Ph:	illips St	ON A FARM? YES NO
	3 NAME OF DECEASED	First	Middle	Last	OF	onth Day Yeor
	(Type or print)	CAININ	LEWIS	WELLS	DEATH SEPTE	
	S. SEX	6. COLOR OR RACE 7. MAR		B DATE OF BIRTH	9. AGE (in year lost birthslay)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
	Mal-	White widow		Feb. 10,18	7.7	*
	during most of worl	ON (Give kind of work done 10b. king life, even if retired)		·	-	12. CITIZEN OF WHAT COUNTRY
		laborer-Cons	truction Wor			a USA
\	13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
		Wells		Viola L		
	(Yes, na, ar unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17-1	rs. lizabet	h Wells(Wift	Phillips St
	Yes	W.W.I		Hebron,	Maryland	
		ATH [Enter only one couse par l	ne for (o), (b), and (c).]			INTERVAL BETWEEN
	PARTI DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (0)	oronary "	www.		15 min
	4/2	DUE TO	1 1.	· 10. 10	lie - Cul) ')
	Conditions, if a gave rise to i		7 My Mich	~ · · · · · · · · · · · · · · · · · · ·	1) prins emplies	March 2 Miles
	couse (o), stoting		0.00 120	× 0		1111
	lying couse lost.) (c)				IVEN IN PART 1(6) 19. WAS AUTOPSY
	NO PART II OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NALD SEASE CONDITION C	PERFORMED?
		AS UNIDERIVING ET 1204 DEG	CRIBE HOW INJURY OCCURRE	D. (Calana and a Calana da I	Post Los Post II of Stam 19 h	YES NO
	(IF EITHER, NOTIFY	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	N/A	D. (Enter notice of injury in i	rgit f di Toll III di lielle 16.	
	Y 20c. TIME OF INJUS		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f (City or town)	(County) (State
	¥ p. m.	N/A 19 While of wo	rk ot work	ctory, street, office bldg., etc.	N/A	
	21 I certify the	at (I) (this hospital) atten	ded the deceased from.	Lune 12	5910 JUNT 1	1 , 19 6 6 that (I) (\$\dag{\text{\$\text{\$\dag{e}\$}}} las
	saw the decea				M, from the causes of	and an the date stated above
	220 SIGNATURE	. (7.	^ /			Sept. 13. 1960
	(.) -1	Laub 1	anit		RECTOR PHYS	Sept.13,1960
	22c. PHYSICIAN'S NAME (Txpe)		1	22d. ADDRESS	DJ Solial	Montage Manager
	$\nu_{\mathbf{r}}$	B.Frank Giga				oury, Maryland
	230 BURIAL, CREMATIC _REMOVAL (Specify)	ON, 236 DATE THEREOF	23¢ NAME OF CEMETERY C		23d LOCATION (City, town	n, or county) (Stote)
	Burial (Specify)			emetery		y, Maryland
3	24, FUNERAL DIRECTOR		ADDRESS			GISTRAR'S SIGNATURE
-	LHU'LOWAY	& COMPANY	SALISBURY MA	DATE S	EP 1 5 '60 .	and a second contract of

may be rehanded by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remayol, and in any event, within 72 hours after death VR A15 (4) 1SM 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL

er death Page 4



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours er death. Page 4	➤> may be returned by the hosp foll or aftending physician. ✓> TO FUNERAL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. ✓> page 3 should be detached for use as the burial-transi permit. Then pleam remove carbon, pages 1 and 2 should be filed with	0 2
ficate be executed within	ysician and campletely fil	the State Board of Health prior to burial, cremation, or remayol, and in any ==nt, within 72 habs ofter death
ires that the death certif	ned by the attending phy ermit. Then pleam remo	navol, and in any ment.
rSICIAN: The law requi	The moy be retained by the hosp tall or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been sign Compage 3 should be detached for use as the burial-transit part.	burial, cremation, or ren
ATTENDING PH	iried by the hasp tal a DIRECTOR: After this Id be detached for us	ard of Health prior to
ATINO HOSPITAL	65 TO FUNERAL 66 Dage 3 shou	the State Boo

1 PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 5. STATE 6. COUNTY
W/P Dm 10 D	mary Land Wicomico
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR/TOWN (If outside corporate limits, write RURAL and give nearest town)
Jahisbuig	Dah ISTORY
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Reninsula General	412 DOVET ST YES NO D
3. NAME OF First Middle DECEASED	4. DATE Month Day Year
(Type or print) WAKEMAN WINDSOR \	11) ruland DEATH September 29 1960
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	lost birthday) Manths Days Mants Min
Mahe White WIDOWED DIVORCED []	Feb. 28,1903 57 m.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Auto Mechanic	R.D.# Salisbury, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Wesley Whavland	Martha Ietetia Bailey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/25. no. or unknown) (If yes, give war or dates of service)	Charles T. Whayland (Son) Hebron, Maryla
110	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PLUTYLING	Emplysema Gens?
DUE TO	
3	C 01
Conditions, if any, which) (b) When eleast	Wistune. 410.
gave rise to immediate acuse (a), stating the under-	U U
lying couse lost.	
- TE	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY
2	PERFORMED?
3 whe	YES NO
S OR CONTRIBUTING C CALSE OF DEATH	D (Enter nature of injury in Part I ar Part II of item 18.)
= r_	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Haur a.m. N/A 19 White Not while at wark of work	clory, street office bidg, etc.): N/A N/A
р ш. этү та от жак от жак	0 0 0 0 0 0
21. I certify that (1) (this haspital) attended the deceased fram	ΔΩ125 1960, to 500 925 , 1960, that (I) (we) last
	death accurred at LAM, from the causes and on the date stated above.
220 SIGNATURE	22b. DATE
Scrown C. V. X gerall	M.D ATTENDING MED DIRECTOR STAFF Sept 29.10 SNED
222 PHYSIC AN'S	22d. ADDRESS
NAME (Type)	707 Camdey avenue Salisbury
Dr. Joseph C. Fitzgerald	Jo Manual Colonia Salisbury
23a. BURIAL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, lown, or county) (State)
Puri Oct 1501960 Wicomico F	lemorial Park Salisbury Maryland
24 FUNERAL DIRECTOR'S 5 GNATURE ADDRESS	VT. AND SEP 30'60 256. REGISTRAR'S S GNATURE CATALON A France
HOILOWAY & COMPANY SALISBURY MAR	YLAND DATE SEP O O O



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALT	MA	RYLAND	STATE	DEPARTMENT	OF	HEALT
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

place of a. COUN		MARYLAND	2. USUAL RESIL	DENCE (Where decea	, 6 COUNTY		perfore admission)		
b CITY C	R TOWN (If outside corporate limits, write and give nearest town)	c LENGTH OF STAY IN 16		OWN (If outside cor			nearest town)		
	6 4 1 5 13 1 - 1 5		1/2/11	17	71 11 4	1	1		
d NAME	OF HOSPITAL (If not in haspital, give street	address)	d. STREET A				IS RESIDENCE		
1 120	washing the roll	al it with	170-	73 /	3126		YES NO		
3. NAME O		Middle	Los		A Mo	nth	Day Year		
(Type or)			in her	/ - OF DEAT	ਸ਼ੁਭੂ ਵ"਼		13 1950		
S SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	1	9 AGE (In years	-	EAR IF UNDER 24 HRS		
1000	Le- P. 1 5 WIDOW	ED DIVORCED	TT/3/1	886	last birthday) フス yrs	Months Day	ys Hours Min.		
TOO USUAL	OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?		
	nost of working life, even if retired)	Hotel	Marv	land	E	S A			
3. FATHER'S	NAME			MAIDEN NAME		A7 A2 6			
) Sar	ruel White		Fanr	ie Milbo	nurne				
	EASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	NFORMANT	11110		ress			
(Yes, no, or uni	nown) (If yes, give war or dates of zervice)	7.	lapv I. A	llen.Pri	nces An	ne Fran	พรีลทศี		
TIR CAL	JSE OF DEATH [Enter only one cause per li		/ 1462		7		NTERVAL BETWEEN		
	PART! DEATH WAS CAUSED BY	ine for (a), (b), and (c).	1/	1. A.	1 0		ONSET AND DEATH		
	IMMEDIATE CAUSE (a) ISLUMAN VASCULAR COLOR (CO.								
7	DUE TO	1 7/	-)	110	1 1		7		
	gave rise to immediate (b) Extra by Herelius (c) Access Syn.								
Cause	cause (a), stating the under.								
	lying couse last.) + (c) Joneumonia 19/5/60								
CATON	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(d	PERFORMED? YES NO		
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Part I or Part II OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH					art II of item 18)				
S 20c TIM	OF INJURY Month, Doy, Year 20d I			Home, farm, 20f. (C	ity or town)	(Cour	nty) (State)		
WED CALL	vr o. m p. m, 19 at wa	1101 WILLIE	ictory, street, office	bldg , etc.) 1					
			10 W	10/4	7 1	5 10/4			
	ertify that (I) (this haspital) attend	4 3	6 /				that (I) (we) last		
220 S C	e deceased alive an 4-1	3_1960, and that	death occurred	ots,/2,M//frai	n the causes a	nd an the d			
1 220 30	11/my 12 (2 //	ATTENDING		STAFF		226 DATE		
22c PH	SICIAN'S	un production	M.D. PHYS.	DIRECTOR [PHYS PH		7/17/60		
	ME (Type)		and Abbit	.33					
23g BUD 41	CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY C	O CREMATORY	224 104	ATION ICAL A		40		
Buria				_	ATION (City, town,	_ **	(State)		
	DIRECTOR'S SIGNATURE	John Wesle	У	Des	The second second	<u>d</u> Istrar's signa	AT. IPE		
				25a. REC'D BY REG	100				
Mill	iam H. James Jr P	rincega Anna	MA	DATE SEP 2 0	00 (lilling it of	raud		



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10853

CERTIFICATE OF DEATH

1.	B. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		b. COUNTY	Residence before Dorches		/
			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		mits, write RURA	L and give near	est town)	
_	d, NAME OF HOSPITAL (If not in hospital, give street oddress)		Cambridg			0912.	IC DECIDE	NICE	
	OR INSTITUTION			d. STREET ADDRESS			e.	ON A FA	
L	Deer's Head State Hospital			11 Trento	n Street			YES N	0 📗
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF DEATH	Month	Day	Year	1-
	(Type or print)	Thomas	James	Willoughby		Sept.	16		60
S.	. SEX Male	6. COLOR OR RACE 7. MARE		B. DATE OF BIRTH	1816 8		under 1 YEAR I	· · · · · · · · · · · · · · · · · · ·	Min.
113	On. USUAL OCCUPATION during most of work	ON IGNA kind of work done 10b. kind life, even if retired)	KIND OF BUSINESS OR INDUSTRIAL	14. MOTHER'S MANDEN N	yla	on	12.CITIZEN OF V	WHAT COU	NTRY?
	S. WAS DECEASED EVE Yen, no or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 12-11	WARD This	lought	Address Address	embre	tya.	TRA
NOITA	PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Portal cirrhosis of the liver Portal cirrhosis of the liver								
AI CEPTIEICATION									
MEDICAL	Hour a.m.	While	4.	ctory, street, office bldg., etc		,,,,,	(Coomy)		lamel
	21. I certify that (I) (this respital) attended the deceased from July 20 159 to Sept. 16 1960, that (I) (we) last sow the deceased give on Sept. 16 1960, and that death occurred at M, from the causes and on the date stated obave. 220. SIGNATURE ATTENDING MED. PHYS. Director STAFF SIGNED PHYS.								
	22c. PHYSICIAN'S NAME (Type)	Lee L. Lawry, 1		Deer's He					
L	30. BURIAL, CREMATIC REMOVAL (Specify 4. FUNERAL DIRECTOR	Sept 17	23c, NAME OF CEMETERY OF East New ADDRESS Lon Cast N	Market ,250. REC	D BY REGISTRAR FP 2 2 '60	MULU 256. REGISTRA	Mars Mars AR'S SIGNATURI Lun S. Khaa		2114

THE DISTRICT OF THE PARTY OF TH And the Annual Control of the Contro the transfer of the second sec 200 000 1 2 The second secon Contract to live to take The state of the s And the property of the party o A STATE OF THE PARTY OF THE PAR A PERSON SERVICES

VR AIS (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10854	CERTIFICATE OF DEATH
PLACE OF DEATH	2. USUAL RESIDENCE (W

	PLACE OF DEATH	i aawi aa		o. STATE		ed. If institution: Reb. COUNTY	esidence before admission)		
		icomico	MARYLAND	Mary	Land		Wicomico		
ı	RURAL and give ne	outside carparate limits, writ arest town)	-,	11 2		limits, write RURAL	and give nearest tawn)		
ŀ	Salisbury		34 days	Salis			-		
	d. NAME OF HOSPITA	AL (If not in hospital, give str	eet oddress)	d. STREET ADDRESS	5		e. IS RESIDENCE ON A FARM?		
	Deer's H	ead State Hos	pital				YES NO		
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year		
L	(Type or print)	MARY	Α.	YOUNG	DEATH	Sept.	6 19 60		
ı	5. SEX	46	ARRIED NEVER MARRIED	B. DATE OF BIRTH	000	AGE (In years IF U	NDER I YEAR IF UNDER 24 HR		
	Female		OWED DIVORCED	10-15-1	000	1/1/79yrs.	nins bays Hours Min.		
1	floo. USUAL OCCUPATIO	N (Give kind of work done Ing, life, everyif retired)	Ob. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI	ate or foreign count	19)	2. CITUZEN OF WHAT COUNTRY		
	H045e	Litte 1	July tome	1/13	41/2×	اليم	11.5		
ľ	13. FATHER'S NAME	61	- /	14. MOTHER'S MAIDE	N NAME	1	1		
	WILLIZ	mMI	m 5/ex	MZth	atin	e Do	en ten		
1		IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	4- 1	Address	1 2 -		
	Annual Control		- 1	2m B J -	Lnsle	y. 1/2-	3h. 1DC		
	18. CAUSE OF DEA	TH [Enter only one couse pe			(,	INTERVAL BETWEEN		
1	PART I. DEATH WAS CAUSED BY: Bronchopneumonia Odays								
ı	49 DUE TO								
1	Conditions, if any, which) (b)								
	gave rise to immediate Cause (a), stating the under.								
1	lying cause lost. (c)								
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
1	Pyelonephritis - left.								
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
j	20c, TIME OF INJURY Hour o. m.			PLACE OF INJURY (Home, I	form, 20f. (City or	lown)	(County) (State		
	Hour o, m.		iile Nat while work at our work	actory, street, affice bldg.,	etc.)		¥.		
	2) I certify that	(I) (this hospital Catte	anded the deceased from	August 3	1060 to Se	pt. 6	19 60, that (1) (we) las		
I	21. I certify that (I) (this hospital attended the deceased fram. August 3 1960, ta Sept. 6 1960, that (I) (we) last saw the deceased alive and Sept. 6 1960, and that death accurred at M. fram the causes and an the date stated above. 22a. SIGNATURE 22b. DATE								
I	22a. SIGNATURE	d dive di	A and mar	dealli accorred di	A.M.	cooses and a	22b, DATE		
		W. W	alche,	M.D. PHYS.		STAFF PHYS. 3	9/6/60 SIGNE		
1	22c. PHYSICIAN'S	-		22d. ADDRESS			77.07.00		
	NAME (Type)	L. V. Mald	ve, M. D.	Deer's	Head Hosp	ital; Sal:	isbury, Md.		
7	23a. BURIAL, CREMATION	N. 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION	V (City, lown, or cos	unity) (Stote)		
	REMOVAL (Specify)	TREMOVAL (Specify) 9-9-60 BURINE Cem. BINATURE Md.							
1	24. FUNERAL DIRECTOR'S	SIGNATURE .	ADDRESS	A 250. R	EC'D BY REGISTRAF				
1	(. J/ /V	1.20sul,	12(198110)	DATE	SEP 9 '60	arline	1 S. Kinia		

